PHYSICIAN OFFICE VISIT

Data Submission Manual

Version 3.0

Effective January 1, 2004

Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services
State of Wisconsin

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Appendix R provides detailed information about the Affirmation form and Affirmation Instructions specifically for physicians that did not delegate affirmation

Revision History

The POV Data Submission Manual will be reviewed twice a year and updates will be published with the results of the review. Errata and other changes may also be published between releases of the manual. This page allows data submitters to track the history of version releases and other published changes to the manual.

VERSION NUMBER	RELEASE DATE	EFFECTIVE DATE
1.0	October, 2001	January, 2002
1.0 revised	March, 2002	March, 2002
2.0	September, 2002	January, 2003
3.0	July, 2003	January, 2004
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Section 1. Introduction

The Physician Office Visit (POV) Data System has been established to create information about the services provided by Wisconsin physicians in an outpatient office setting. This data submission manual provides specifications for the submission of POV data to the Department of Health and Family Services (DHFS), pursuant to the guidelines required by Chapter 153, Wisconsin Statutes, and Wisconsin Administrative Code HFS 120.14. Failure to comply with Wisconsin Statutes or Administrative Code, as referenced within this manual, can result in significant penalties and forfeitures.

1.1 Authority

Under the provisions of Chapter 153, Wisconsin Statutes, and HFS 120, Wisconsin Administrative Code, DHFS is charged with the responsibility for the collection, analysis and dissemination of health care data. This statute mandates DHFS to expand its data collection efforts to include information reflecting health care and services delivered in physician offices on an outpatient basis. DHFS has assigned the Bureau of Health Information (BHI) the responsibility for administering the POV data collection program, under the supervision of the Board on Health Care Information.

Chapter 153 provides comprehensive guidelines for data collection, information dissemination, report analysis, and confidentiality protection. HFS 120.14 provides details pertaining to the POV data collection program, such as data element lists, submission procedures, verification processes, adjustment methods, and waiver requirements. Copies of Chapter 153 and HFS 120.14 are attached to this manual (see Appendices A and B).

1.2 Overview of the POV Data System

Responsibilities for data submission.   Under the statute and rules, primary responsibility for submitting POV data is assigned to every physician licensed and practicing in the State of Wisconsin and using electronic billing. *Physicians may transfer responsibility* for data submission to a "qualified submitter/vendor" by entering into a "Trading Partner Agreement." A qualified submitter/vendor may be the physician's practice group, employer, or another organization. Organizations become 'qualified submitters/vendors' by meeting requirements established by BHI as described in Appendix F.

It is assumed that most physicians will choose to establish such an arrangement and not themselves be responsible for data submission. Further information on the POV data collection can be found at: http://dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

Beginning data submission.   The Board on Health Care Information, established in Chapter 153, Wisconsin Statutes, has authorized a staged implementation, starting with the largest practice groups. Data submission is not required of any physician until notified and informed by BHI. Data collection will be organized in quarterly "reporting periods" beginning January 1, 2002.

Data being submitted. The core data to be submitted *describe services performed by physicians during an outpatient office visit*. The data are available from health care providers' existing service- and charge-based data systems, which provide billing and practice management information. The primary data elements, set forth in HFS 120.14, include procedure codes, diagnoses, patient characteristics, charges, dates, practice site, and the identity of performing and referring providers, among other items. Additional elements are also required to allow for proper submission, storage, retrieval, and processing of data. The data types, content, and submission procedures are described in Sections 2 through 6. Detailed data element descriptions and submission procedures are described in Appendices C-E and Section 6, respectively.

Organizations submitting data.   Physicians may transfer responsibility for submitting data in a timely manner to a "qualified submitter/vendor" by entering into a "Trading Partner Agreement" between the physician and a data submitter/qualified vendor. It is assumed that most physicians will choose to establish such an arrangement.

Data quality control.   Under statute, BHI may edit submitted records and may send general summary reports on the quality and content of the submitted data back to the data providers. When the editing process evolves into generating and transferring patient-specific edit reports, the physician shall be responsible for correcting the edited data and for submitting a statement affirming the final accuracy and completeness of the data. These responsibilities must be completed within a certain time period to avoid potential forfeitures. A physician may transfer responsibility for editing and affirming the data to a third party by signing an addendum to a Trading Partner Agreement between the physician and a data submitter/qualified vendor. This addendum is referred to as *affirmation delegation* throughout this manual. Again, it is assumed that most physicians will choose to establish such an arrangement.

> **Note:** In practice, BHI intends to implement the formal editing, correcting, and affirming processes over time. During the first two or more reporting periods, data submitters will participate in an interactive, dynamic, continuous data quality improvement training period focusing on systematic problems affecting multiple records.

1.3 Data Submission Schedules

According to Chapter 153, Wisconsin Statutes, and HFS 120, Wisconsin Administrative Code, physicians or their qualified submitters/vendors must comply with certain deadlines for submitting and correcting data for each reporting period.   Submission must be completed within 30 calendar days of the end of the reporting period. Correction and data affirmation must be completed within 60 calendar days of the end of the reporting period in order to avoid potential forfeitures.

During the initial POV data implementation, emphasis will be placed on timely record submissions and a cooperative and timely quality improvement process.

The initial POV data submission cycle includes:

- Identifying data to be submitted within a reporting period.
- Completing submission of data for the reporting period.
- Completing data corrections as part of the quality improvement process.

At full implementation, the POV data submission cycle will include more detailed edit reports from BHI, correction submissions by data submitters under statutory timelines, and a formal affirmation of the accuracy and completeness of the submitted data by data submitters.

When selecting data about physician/patient encounters to include in the file submitted to BHI, submitters should use the date the encounter data is posted into their electronic charged-based data system, plus sixty (60) calendar days. The posting date may be different from the encounter date. For example, if a patient is seen by a physician on May 10, and the encounter data are posted on May 12, the encounter record would be included in the data submission for the third reporting period of the year. (May 12 + 60 calendar days is July 12. July 12 falls in the third reporting period.)

Data submitters must submit data files in the specified format to BHI within 30 calendar days of the last day of each reporting period.

Table 1 Submission Cycle Timelines

Period	Reporting Period[*]	Data Submission Deadline	Data Quality Deadline
1	1/1 - 3/31	4/30	5/30
2	4/1 - 6/30	7/30	8/29
3	7/1 - 9/30	10/30	11/29
4	10/1 – 12/31	1/30	3/2

[*] Posting date plus 60 calendar days

1.4 Record Types

The POV data collection system uses three record types: (1) *Submitter Transaction* records; (2) *POV Service* records; and (3) *Physician Affiliation* records. The *Submitter Transaction* records identify the data submitter and include general information about the file transmission. The *POV Service* records contain the data about services performed by licensed physicians in outpatient

settings in Wisconsin. The *Physician Affiliation* records describe each physician affiliated with a data submitting organization and also describe the physician's medical practice group.

1.5 Trading Partner Agreement

A Trading Partner Agreement (TPA) is defined in HFS 120.03 (34) as "a signed, formal agreement between a health care provider and a qualified vendor providing for the transfer of data under this chapter." Physicians who use the services of third-party data submitters, which may or may not be their affiliated medical practice group, must complete a TPA with that third party to formalize an understanding of roles and responsibilities for the data submission process. This process will be referred to throughout the POV Data Submission Manual as *data delegation*.

1.6 Affirmation Delegation

An affirmation delegation is defined as a signed and notarized formal agreement between a physician and his/her representative allowing the representative to attest to the completeness and accuracy of data submitted to BHI. Affirmation delegation is executed either as an addendum to an existing trading partner agreement or as a separate contract. Physicians who use the services of a representative, which may or may not be their affiliated medical practice group, must complete an affirmation delegation with that third party to formalize an understanding of roles and responsibilities for the affirmation process. This process will be referred to throughout the POV Data Submission Manual as *affirmation delegation.*

1.7 Qualification Process

A data submitter will be qualified to submit data to BHI's production environment after completing a four-step process. The four-step process consists of: (1) acquiring an authorized account to transmit data to BHI's POV system; (2) submitting test files for both *Physician Affiliation* data and *POV Service* data; (3) submitting *Physician Affiliation* data to BHI's production environment prior to submitting *POV Service* data; and (4) submitting *POV Service* data to the production environment. Detailed information about the qualification process can be found in Appendix F. BHI staff will offer assistance to data submitters during the qualification process.

1.8 Contact Information

Developing a well-performing data collection system takes great effort on the part of all participants. BHI welcomes any suggestions to improve this system and the Data Submission Manual.

Email: askbhi@dhfs.state.wi.us
       povdata@dhfs.state.wi.us

Mailing address:
Physician Office Visit Data Collection
Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services
P.O. Box 309
Madison, WI 53701-0309

BHI will make every effort to notify all data submitters and facility contacts of any updates to the POV Data Submission Manual, but data submitters should periodically check for new information online. For the latest revision and updates to the data submission manual, visit the Web site at http://dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

Section 2. Submitter Transaction Data

2.1 Overview

Submitter Transaction data are utilized to collect **general** transmission information on the files sent to BHI as well as characteristics of data submitters. Once a data file is received and processed into BHI's system, an acknowledgement will be returned via e-mail to the data submitter.

It is critical for data submitters to supply complete, accurate, and up-to-date information in their *Submitter Transaction* data. Information about the submitter is required as the first record of each file transmitted to BHI. **Every file must begin with <u>one</u> *Submitter Transaction* record**.

2.2 Layout

Transaction information fields contain the data submitter's ID, name, and file creation date**. It is very important to have the correct submitter ID number in that field or the file will be rejected automatically.**

Contact person information fields provide specific information about the individual whom BHI is to contact regarding the POV data submission. BHI will contact that individual to: (1) provide transmittal reports of record transmission; (2) identify fatal errors, if found; (3) provide edit reports; and, (4) provide additional technical instruction, when necessary. The designated submitter contact has responsibilities both internally and externally with BHI to follow up and distribute information within the submitting organization.

File information fields document the reporting year and period for a submitted file.

Detailed field specifications and edits are presented in Appendix C.

Table 2 Submitter Transaction Data Layout

Element/Subset Name	Order	Type	Length	Edit No.	Note
Beginning-of-record indicator	1	Rec.	2	1000	
Record sequence number	2	Num.	≤12	1005	
Transaction information					
Submitter/vendor ID	3	String	≤15	1011	(1)
Submitter organization name	4	String	≤95	1012	
File creation date	5	Date	8	1013	

(Continued)

Table 2 (Continued...)

Element/Subset Name	Order	Type	Length	Edit No.	Note
Contact person information					
Last name	6	String	≤35	1021	
First name	7	String	≤25	1022	
Title	8	String	≤35	1030	(2)
Street address 1	9	String	≤55	1041	(3)
Street address 2	10	String	≤55	1042	(4)
City name	11	String	≤52	1043	
State code	12	String	2	1044	
ZIP code	13	String	≤15	1045	
E-mail address	14	String	≤80	1050	
Phone number	15	String	≤80	1064	(5)
Phone extension	16	String	≤80	1065	
File information					
Reporting year	17	Num.	4	1071	
Reporting period	18	Num.	1	1072	

Notes: (1) Every data submitter must have a valid submitter ID number issued by BHI.
       (2) The title field should specify the position title held by the contact person.
       (3) The complete mailing address is required. Use street address 2 as necessary.
       (4) If both P.O. box number and street address are present, P.O. box number must be placed in street address 2.
       (5) The complete phone number, including area code, is required. Use the phone extension field if information exists.

Example:

    ST|0|500|XYZ Company|20020317|Doe|John|IT Supervisor|35 Great Lake Drive|P.O. Box 1234|Madison|WI|53701|jdoe@xyz.com|6082541257||2002|1~

This *Submitter Transaction* record indicates that the data submitter, XYZ Company, has a vendor ID of 500. The file submitted was created on March 17, 2002. The contact person is John Doe whose business address is 35 Great Lake Drive, P.O. Box 1234, Madison, WI 53701. His e-mail address and phone number are jdoe@xyz.com and (608) 254-1257, respectively. This file is submitted for reporting year 2002 and reporting period 1.

Section 3. Physician Affiliation Data

3.1 Overview

Physician Affiliation data contain basic information about physicians and their affiliation with a medical practice group and/or with a qualified submitter/vendor. It is critical that data submitters use these data to maintain an accurate registry of physicians' affiliations and related information at BHI.

The *Physician Affiliation* data are initially submitted as part of the 'data submitter/vendor qualification process' (see Appendix F for data submitter/vendor qualification process). Each data submitter will build the *Physician Affiliation* database by describing the data submitters' affiliated physicians and their medical practice groups. Data submitters may then add new affiliated physicians, notify BHI of the end of a data submission relationship with a physician, update or correct information about a physician or a practice group affiliation, or notify BHI that a physician had been erroneously identified as being affiliated with the data submitter.

***Physician Affiliation* data must be transmitted separately from *POV Service* data.**

> **Note:** If a physician chooses to retain responsibility for submitting *POV Service* data and to not use a qualified submitter/vendor, then the physician as a data submitter will use this record to describe address, identification numbers, and practice group affiliation, if any. The remainder of this section assumes that the data submitter is a qualified submitter/vendor to whom a physician has delegated data submission responsibility.

3.2 Layout

The fields in the data describe the physician's practice, name, identification numbers, mailing address, medical practice group information, dates of affiliation, and the dates on which the physician has delegated data and affirmation responsibilities to the data submitter.

Typically a physician is either an employee or a partner of the medical practice group. The practice group for a solo practice, self-employed physician is the business name or, if none, the physician's own name.

The physician name and identification fields document a physician's full name, licensing, and billing identification numbers. The physician's mailing address fields contain mailing information used to contact the physician if necessary for official communication regarding the data system and the physician's related responsibilities.

The dates that physicians start and terminate the affiliation with their medical practice group are placed in the physician's practice group affiliation date fields. The data delegation dates are dates on which a physician delegates or terminates the responsibility for submitting *POV Service* data by a 'qualified submitter/vendor'. Similarly, if and when physicians delegate their affirmation to a qualified submitter/vendor (or end that delegation), that date is documented in the affirmation delegation date fields.

A detailed specification and edit description for each field is in Appendix D.

Table 3 Physician Affiliation Data Layout

Element/Subset Name	Order	Type	Length	Edit No	Note
Beginning-of-record indicator	1	Rec.	3	2000	
Record sequence number	2	Num.	≤12	2005	
Transaction type identifier	3	String	1	2010	(1)
Physician's practice group information					
EIN	4	String	≤80	2021	
Organization name	5	String	≤95	2022	
Street address 1	6	String	≤55	2031	(2)
Street address 2	7	String	≤55	2032	(3)
City name	8	String	≤52	2033	
State code	9	String	2	2035	
ZIP code	10	String	≤15	2036	
Physician name					(4)
Last name	11	String	≤35	2041	
First name	12	String	≤25	2042	
Middle name	13	String	≤25	2043	
Suffix	14	String	≤10	2045	
Physician identification number					
Wisconsin physician license number	15	String	≤30	2051	
NPI	16	String	≤80	2052	(5)
UPIN	17	String	≤30	2053	(5)
EIN	18	String	≤80	2055	(5)
Physician mailing address					
Street address 1	19	String	≤55	2061	(2)
Street address 2	20	String	≤55	2062	(3)
City name	21	String	≤52	2063	
State code	22	String	2	2065	
ZIP code	23	String	≤15	2066	

(Continued)

Table 3 (Continued…)

Element/Subset Name	Order	Type	Length	Edit No	Note
Physician's practice group affiliation dates					
Starting date	24	Date	8	2071	
Ending date	25	Date	8	2072	
Data delegation dates					
Starting date	26	Date	8	2081	
Ending date	27	Date	8	2082	
Affirmation delegation dates					
Starting date	28	Date	8	2091	
Ending date	29	Date	8	2092	

Notes:
(1) Transaction type identifier includes 'A' (for adding new physicians records), 'U' (for updating information), and 'D' (for deleting physician records). See also Appendix D.
(2) A complete mailing address is required. Use street address 2 as necessary.
(3) If both P.O. Box number and street address are used, P.O. Box number must be placed in street address 2.
(4) The complete name is required, in separate fields. If the physician does not use middle name and suffix, the middle name field and the suffix field may be left blank.
(5) NPI, UPIN, and EIN numbers must be provided if issued to the physician.

Example:

> AFF|78|A|542173698|ABC Medical Group|51 Clinic Road|P.O. Box 1051|Madison|
> WI|53715|Doe|Jane|K.||0047891|RES00000||427116979|256 Kth Street|P.O. Box 1121|
> Madison|WI |53711|20011209|||||~

This record indicates that ABC Medical Group (EIN: 542173698) has hired a new physician, Dr. Jane K. Doe (Wisconsin physician license number: 0047891, NPI number: RES00000, and EIN number: 427116979). Her address is 256 Kth Street, P.O. Box 1121, Madison, WI 53711. The address of ABC Medical Group is 51 Clinic Road, P.O. Box 1051, Madison, WI 53715. The starting date of the practice group affiliation is December 9, 2001. Neither the data delegation date nor the affirmation delegation date is available.

Section 4. POV Service Data

4.1 Overview

POV Service data describe the services delivered by licensed physicians, practicing in Wisconsin, in an office setting. These are the core data required by the Physician Office Visit data system.

A reportable physician office visit service is a procedure or service performed by a Wisconsin-licensed physician in an outpatient office setting in Wisconsin.

1. A *physician* is any person with either of the following types of licenses from the State of Wisconsin:
    - Doctor of Medicine
    - Doctor of Osteopathy

2. An *office setting* has any of the following place-of-service codes (as defined by the Centers for Medicare and Medicaid Services[1]):
    - 11 (office visit)
    - 22 (outpatient hospital)
    - 25 (birthing center)
    - 26 (military treatment facility)
    - 31 (skilled nursing facility)
    - 32 (nursing facility)
    - 33 (custodial care facility)
    - 34 (hospice)
    - 50 (federally qualified health center)
    - 53 (community mental health center)
    - 60 (mass immunization center)
    - 62 (comprehensive outpatient rehabilitation facility)
    - 71 (state or local public health clinic)
    - 72 (rural health clinic)
    - 81 (independent laboratory)

The *POV Service* records to be submitted for a reporting period are those reportable physician office visit services for which 'posting date' plus 60 calendar days falls within the reporting period.

***POV Service* data must be transmitted in a separate file from the *Physician Affiliation* data.**

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[1] Formerly known as the Health Care Financing Administration (HCFA).

4.2 Layout

POV Service data fields include information on the characteristics of the patient, the service performed, where the service was performed, general payer information, and physician information.

A detailed specification and edit description for each field is in Appendix E.

Table 4 POV Service Data Layout

Element/Subset Name	Order	Type	Length	Edit No.	Note
Beginning-of-record indicator	1	Rec.	3	3000	
Record sequence number	2	Num.	≤12	3005	
Transaction type identifier	3	String	1	3006	
Record identification number	4	String	≤35	3007	
Encrypted case identifier	5	String	5	3010	
Patient control or account number	6	String	≤38	3020	
Medical record or chart number	7	String	≤30	3030	
Prior authorization number	8	String	≤30	3040	
Patient's birth date	9	Date	8	3050	
Patient's gender	10	String	1	3060	
Patient's ZIP code	11	String	≤15	3070	
Patient condition related to employment, auto accident, or other accident					
Condition Related Cause 1	12	String	≤3	3081	
Condition Related Cause 2	13	String	≤3	3082	
Condition Related Cause 3	14	String	≤3	3083	
Whether a patient is pregnant	15	String	1	3090	
Date of current illness, injury, or pregnancy					
Onset of current symptom/illness	16	Date	8	3105	
Date of accident	17	Date	8	3110	
Date of last menstrual period	18	Date	8	3115	
The first date of illness, if patient has had same or similar illness	19	Date	8	3130	
Primary payer category code	20	String	2	4010	
Secondary payer category code	21	String	2	4020	
Name of referring physician					(1)
Last name	22	String	≤35	4031	
First name	23	String	≤25	4032	

(Continued)

Table 4 (Continued…)

Element/Subset Name	Order	Type	Length	Edit No.	Note
Middle name	24	String	≤25	4033	
Suffix	25	String	≤10	4035	
Identification number of referring physician					(2)
NPI	26	String	≤80	4051	
EIN	27	String	≤80	4052	
UPIN	28	String	≤30	4053	
Whether tests were sent to an outside lab	29	String	≤3	5010	
Outside lab charges	30	Num.	≤18	5020	
Diagnosis or nature of illness or injury					
Diagnosis 1 (Principal)	31	String	≤30	5031	
Diagnosis 2	32	String	≤30	5032	
Diagnosis 3	33	String	≤30	5033	
Diagnosis 4	34	String	≤30	5034	
Diagnosis 5	35	String	≤30	5035	
Diagnosis 6	36	String	≤30	5036	
Diagnosis 7	37	String	≤30	5037	
Diagnosis 8	38	String	≤30	5038	
Date of service	39	Date	≤35	5050	
Place of service	40	String	2	5060	
Codes for procedure, services, or supplies / type of service	41	String	≤48	5070	
Modifiers					
Modifier 1	42	String	2	5091	
Modifier 2	43	String	2	5092	
Modifier 3	44	String	2	5093	
Modifier 4	45	String	2	5094	
Charges	46	Num.	≤18	5110	
Days or units					
Measurement basis code	47	String	2	5131	
Quantity	48	Num.	≤15	5132	
Whether the provider accepts assignment					
Assignment in general	49	String	1	5151	
Medicare assignment	50	String	1	5152	
Total charge in a claim	51	Num.	≤18	5170	

(Continued)

Table 4 (Continued…)

Element/Subset Name	Order	Type	Length	Edit No.	Note
Name of facility where services were rendered					
Facility identifier	52	String	≤3	5181	
Facility name	53	String	≤95	5182	
Address of facility where services were rendered					
Street address 1	54	String	≤55	5191	(3)
Street address 2	55	String	≤55	5192	(4)
City name	56	String	≤52	5193	
State code	57	String	2	5194	
ZIP code	58	String	≤15	5195	
Physician's and supplier's billing name					(1)
Individual/organization indicator	59	String	1	5210	
Last name/organization name	60	String	≤95	5211	
First name	61	String	≤25	5212	
Middle name	62	String	≤25	5213	
Suffix	63	String	≤10	5215	
Physician's and supplier's billing address					
Street address 1	64	String	≤55	5231	(3)
Street address 2	65	String	≤55	5232	(4)
City name	66	String	≤52	5233	
State code	67	String	2	5234	
ZIP code	68	String	≤15	5235	
Physician's and supplier's billing identification number					(2)
NPI	69	String	≤80	5251	
EIN	70	String	≤80	5252	
UPIN	71	String	≤30	5253	
Performing physician's name					(1)
Last name	72	String	≤35	5301	
First name	73	String	≤25	5302	
Middle name	74	String	≤25	5303	
Suffix	75	String	≤10	5305	
Performing physician's identification number					
Wisconsin physician license number	76	String	≤30	5311	
NPI	77	String	≤80	5312	(2)
EIN	78	String	≤80	5315	(2)

(Continued)

Table 4 (Continued…)

Element/Subset Name	Order	Type	Length	Edit No.	Note
Performing physician's practice group information					
Organization name	79	String	≤95	5321	
EIN	80	String	≤80	5322	(2)

Notes:
(1) The complete name is required, in separate fields. If the physician does not use middle name and suffix, the middle name field and the suffix field may be left blank.
(2) NPI, UPIN, and EIN numbers must be provided if issued to the physician.
(3) A complete mailing address is required. Use street address 2 as necessary.
(4) If both P.O. Box number and street address are used, P.O. Box number must be placed in street address 2.

Example:

POV|158|A|5007897532|S262M|514245358|Schref0073965|1447859|19690711|F|53711|EM||||2
0010904|||20010325|16||Doe|Jane|A.||OTH00000||254756983|||35075|37214|46820||||||20011116
|11|99213|51||||123.75|UN|2|Y|A|780.93|FA|ABC Clinic|51 Clinic Road|P.O. Box 105|
Madison|WI|53715|2|ABC Clinic Associates||||1010 Hospital Drive||Madison|WI|53715||
123456789||Doe|John|M.||0045134|RES00000|123456789|ABC Medical Group|542173698~

Data fields whose information is not required or is not available are shown by the use of adjacent beginning-of-field and end-of-field delimiters, "||".

A summary of the above data:

Transaction type identifier: add this record
Record identification number: 5007897532
Encrypted case identifier: S262M
Patient control or account number: 514245358
Medical record or chart number: Schref0073965
Prior authorization number: 1447859
Patient's birth date: July 11, 1969
Patient's gender: Female
Patient's ZIP code: 53711
Patient condition related to employment, auto accident, or other accident
    Condition related cause 1: Employment
Whether a patient is pregnant: No
Date of current illness, injury, or pregnancy
    Onset of current symptom/illness: September 4, 2001
The first date of illness, if patient has had same or similar illness: March 25, 2001
Primary payer category code: 16
Secondary payer category code: N/A
Name of referring physician: Jane A. Doe
Identification number of referring physician
    NPI number: OTH00000
    UPIN number: 254756983
Whether tests were sent to an outside lab: No
Outside lab charges: N/A
Diagnosis or nature of illness or injury

Diagnosis 1 (Principal): 350.75
Diagnosis 2: 372.14
Diagnosis 3: 468.20
Dates of service: November 16, 2001
Place of service: Office visit
Codes for procedure, services, or supplies/ type of service: 99213
Modifiers
Modifier 1: 51
Charges: $123.75
Days or units: 2 units
Whether the provider accepts assignment
Assignment in general: Yes
Medicare assignment: Assigned
Total charge in a claim: $780.93
Name of facility where services were rendered
Facility identifier: Clinic
Facility name: ABC Clinic
Address of facility where services were rendered: 51 Clinic Road, P.O. Box 105, Madison, WI 53715
Individual/organization indicator: Non-person entity
Physician's and supplier's billing name: ABC Clinic Associates
Physician's and supplier's billing address: 1010 Hospital Drive, Madison, WI 53715
Physician's and supplier's billing identification number
EIN: 123456789
Performing physician's name: John M. Doe
Performing physician's identification number
Wisconsin physician license number: 0045134
NPI number: RES00000
EIN number: 123456789
Performing physician's practice group information
Organization name: ABC Medical Group
EIN number: 542173698

Section 5. Record and File Specifications

The POV data collection system uses a variable-length record structure for data submission. Variable-length records are those containing fields where the length is neither fixed nor specified. The field length will vary depending on the data being stored. Advantages of applying the variable-length record format include minimizing file size by reducing unnecessary blanks, optimizing the amount of information in a field by not truncating data based on a pre-specified fixed-length format, and optimizing processing speed and communication time.

5.1 Delimiters

Since the variable-length data structure does not specify individual field lengths and locations for any data elements in a record, it is important to have delimiters to mark or separate distinctive fields as well as records. In the POV data collection, three types of delimiters are utilized for distinguishing the beginnings and endings of fields, records, and files.

|	Field delimiter:	The character "|" separates two fields in a record. The first field of a record only needs a field delimiter between itself and its following field. The last field of a record needs no field delimiter at its end.
~	Record delimiter:	The record delimiter "~" is always placed at the end of a record to distinguish two contiguous records. **Do not place a record delimiter at the beginning of a record**. A record delimiter does *not* precede the first record. A record delimiter does *not* follow the last record in a file.
^	File/Batch delimiter:	The file/batch delimiter "^" marks the *end* of a file. The beginning of a file should not have a file delimiter.

5.2 Record Structure

The POV data collection consists of three record types.

1. The '*Submitter Transaction*' record identifies the data submitter in each electronic transaction with BHI and provides general information about the transmission of the file.

2. The '*Physician Affiliation*' record creates and maintains a system registry of the physicians, their practice groups, and their data delegation status.

3. The '*POV Service*' record carries the data for each physician office visit service reported.

Each record type has a specific *Beginning-of-Record* indicator to identify the type of data contained in the upcoming data stream. The indicators utilized in the POV data collection are listed in the table below.

Table 5 Beginning-of-Record Types

Data type/Record type	Indicator
Submitter transaction data	
Submitter transaction record	ST
Physician affiliation data	
Physician affiliation record	AFF
POV service data	
POV service record	POV

Be aware that a record delimiter "~" must be placed at the end of a record. Details of the record structure for each record type will be addressed in the following sections.

In addition, the leading blanks and the trailing blanks will be removed from a string-specific data field when the data are loaded into the POV database. The leading zeros will also be ignored from a numeric-specific data field when the data are loaded into the POV database.

5.2.1 Submitter Transaction Record (ST)

The *Submitter Transaction* record is utilized to collect information of the organization and person responsible for a submission. The *Submitter Transaction* record must start with a *Beginning-of-Record Indicator*, 'ST'. Its record layout and data elements are detailed in Appendix C.

Each submitted file must contain one *Submitter Transaction* record. If the *Submitter Transaction* record is missing or more than one *Submitter Transaction* record is included in a file, BHI will generate an error notice for data submitters, and reject the submission. The *Submitter Transaction* record also has to be the first record of a file. Misplacing this record will result in rejection of the entire file. Its record sequence number must always be set to '0'.

An example of the *Submitter Transaction* record is shown below:

> ST|0|500|XYZ Company|20020317|Doe|John|IT Supervisor|35 Great Lake Drive|P.O. Box 1234|Madison|WI|53701|jdoe@xyz.com|6082541257||2002|1~

The example record shows that the data submitter, XYZ Company, has a vendor ID of 500. The file submitted is created on March 17, 2002. The contact person is John Doe whose address is 35 Great Lake Drive, P.O. Box 1234, Madison, WI 53701. His email address and phone number are jdoe@xyz.com and (608) 254-1257, respectively. This file is submitted for reporting year 2002 and reporting period 1.

5.2.2 Physician Affiliation Record (AFF)

The *Physician Affiliation* record is designed to collect *Physician Affiliation* data and other related information. The *Physician Affiliation* record must start with a *Beginning-of-Record Indicator*, 'AFF'. Its record layout and data element specifications are detailed in Appendix D.

A *Physician Affiliation* record can be classified into one of three transaction types: 'A' (add physician), 'U' (update), and 'D' (delete). The transaction function is reported in the *Transaction Type Identifier* field of the record. The features and examples for each type of the *Physician Affiliation* record are discussed by transaction type below.

> **Note:** It is the responsibility of all data submitters to provide correct and up-to-date *Physician Affiliation* data for all physicians associated with their practice group.

Transaction Type 'A'   The *Transaction Type Identifier* 'A' should be used when new physician records need to be added to the affiliation database. More specifically, when there are new physicians joining a practice group, data submitters should submit *Physician Affiliation* records containing new physicians' information in a timely fashion. The number of *Physician Affiliation* records with a *Transaction Type Identifier* 'A' will depend on the number of new physicians affiliating with the submitting group. The record's features include:

- Each physician newly affiliated with a practice group should have one record.
- The *Transaction Type Identifier* must be coded 'A'.
- The starting date of practice group affiliation must be the actual affiliated date.
- Fields for the starting and ending dates of data delegation can be left blank if they are not available.

Below is an example of the *Physician Affiliation* record with a *Transaction Type Identifier* 'A'.

> AFF|78|A|542173698|ABC Medical Group|51 Clinic Road|P.O. Box 1051|Madison|
> WI|53715|Doe|Jane|K.||0047891|RES00000||427116979|256 Kth Street|P.O. Box 1121|
> Madison|WI|53711|20011209|||||~

> This record indicates that ABC Medical Group (EIN: 542173698) has hired a new physician, Dr. Jane K. Doe (Wisconsin physician license number: 0047891, NPI number: RES00000, and EIN number: 427116979). Her address is 256 Kth Street, P.O. Box 1121, Madison, WI, 53711. The address of ABC Medical Group is 51 Clinic Road, P.O. Box 1051, Madison, WI, 53715. The starting date of the practice group affiliation is December 9, 2001. Both the data delegation dates and the affirmation delegation dates are not available.

Transaction Type 'U' The _Transaction Type Identifier_ 'U' is used when a change or an update needs to be made to an existing physician's information (except, _EIN_ of the physician's practice group and _Wisconsin Physician License Number, see note below_) in the affiliation database. The record's features include:

- The number of _Physician Affiliation_ records with the _Transaction Type Identifier_ 'U' in a file will depend on the need of data submitters to keep the _Physician Affiliation_ data up-to-date.
- The _Transaction Type Identifier_ for updated records should be always coded as 'U'.
- **All** fields in the record must contain complete and accurate information. A blank field on the update record will result in the existing information on the corresponding element in the database to be deleted or "written over with blanks".

In the example below, Dr. Jane Doe signs her trading partner agreement on January 28, 2002, thereby delegating a data submitter to send data to BHI on her behalf. Her data submitter should send a _Physician Affiliation_ record with the actual start date of the data delegation. The record will look like this:

> AFF|3|U|542173698|ABC Medical Group|51 Clinic Road|P.O. Box 1051|Madison|WI|
> 53715|Doe|Jane|K.||0047891|RES00000||427116979|256 Kth Street|P.O. Box 1121|Madison
> |WI|53711|20011209||20020128|||~

IMPORTANT NOTE: BHI's _Physician Affiliation_ database uses two data elements to form its primary key identifiers. They are (1) EIN of the physician's practice group (Edit No. 2021), and (2) Wisconsin physician license number (Edit No. 2051). These two fields are not allowed to be changed or updated. If the information in either field (or both) needs to be changed, data submitters should:

- purge the existing record by using the _Physician Affiliation_ record with the _Transaction Type Identifier_ 'D' first; then,
- submit a new affiliation record containing accurate information with _Transaction Type Identifier_ 'A'.

Transaction Type 'D' The _Transaction Type Identifier_ 'D' is used to purge existing _Physician Affiliation_ records in the database if they were submitted in error. The use of the _Transaction Type Identifier'_ D' should be very rare. This particular type of record should be sent only when data submitters wish to delete records that were misreported. Also, as discussed above, the _Physician Affiliation_ record with the _Transaction Type Identifier_ 'D' should be submitted in a situation when the _EIN_ of the physician's practice group or _Wisconsin Physician License Number_ needs to be changed.

DO NOT USE the _Physician Affiliation_ record with the _Transaction Type Identifier_ 'D' when:

- A physician terminates her/his affiliation with a practice group. Instead, a _Physician Affiliation_ record with the _Transaction Type Identifier_ 'U' should be submitted, including

- **the actual ending date of the practice group affiliation** to indicate the end of the affiliation.
- A physician terminates her/his request to delegate a data submitter to send data to BHI. Instead, a *Physician Affiliation* record with the *Transaction Type Identifier* 'U' should be submitted, including the actual *Ending Date of Data Delegation* service to indicate the end of the data delegation.
- A physician terminates her/his request to delegate a data submitter to affirm data quality to BHI. Instead, a *Physician Affiliation* record with *Transaction Type Identifier* 'U' should be submitted, including the actual *Ending Date of Affirmation Delegation* to indicate the end of the affirmation delegation.

The use of the *Physician Affiliation* record with the *Transaction Type Identifier* 'D' does not require completing the information in all of its fields. For a minimal submission, a *Physician Affiliation* record **must** include the following data elements:

- beginning-record indicator (i.e., 'AFF')
- record sequence number
- transaction type identifier (i.e., 'D')
- EIN of physician's practice group
- Wisconsin physician license number

The information in the rest of the fields is optional.

For instance, using the previous two examples, the data submitter finds that Dr. Jane Doe, in fact, is not affiliated with ABC Medical Group. Then, the data submitter needs to send a *Physician Affiliation* record to purge or remove the record or information associated with Dr. Jane Doe in BHI's database. Below is an example of the record:

        AFF|5|D|542173698|||||||||||0047891|||||||||||||||~

After receiving the record, BHI will purge any existing information associated with it.

5.2.3 POV Service Record (POV)

The *POV Service* record type is used specifically to collect data related to physician office visit services. All of the *POV Service* records should start with a *Beginning-of-Record Indicator*, 'POV'. More than one *POV Service* record is allowed to be submitted in a file sent to BHI. Details of the record layout and data elements for the POV record are addressed in Appendix E.

A *POV Service* record can be classified into one of three transaction types: 'A' (add new record), 'U' (update), and 'D' (delete). The transaction type is reported in the *Transaction Type Identifier* field of the record. Details of the records features are discussed below by each type of transaction, followed by a practical example.

Transaction Type 'A'   The *Transaction Type Identifier* 'A' is used when new *POV Service* records need to be added to the POV data collection database. In essence, when new services are rendered, data submitters should submit *POV Service* records containing the required service information in a timely fashion. The number of *POV Service* records will depend on the number of services provided during a data submission period.

An example of a *POV Service* record is presented as follows:

> POV|10|A|BHI001|A530H|3013099678|HCA009||19650815|M|53711|OA||||20001217|
> 20001217|||MB||Doe|Jane|M.||OTH00000|||LI|48.32|46420|4659|||||||20010706|11|99233|||||75.30|
> UN|1|Y|A|143.50|FA|XYZ Clinic|100 Medical Drive||Madison|WI|53701|2|ABC Health
> Clinic||||2231 Dollar Street|P.O. Box 431|Madison|WI|53714||530774169|635770|
> Doolittle|John|||0031278|RES00000||ABC Health Clinic|530774169~

Data fields whose information is not presented are shown by the use of adjacent beginning-of-field and end-of-field delimiters, "||".

The summary of the above record is:

Transaction type identifier: Add new *POV Service* record
Record identification/ID number: BHI001
Encrypted case identifier: A530H
Patient control or account number: 3013099678
Medical record or chart number: HCA009
Patient's birth date: August 15, 1965
Patient's gender: Male
Patient's zip code: 53711
Patient condition related to employment, auto accident, or other accident: Other accident
Whether a patient is pregnant: No
Date of current illness, injury, or pregnancy
    Onset of current symptom/illness: December 17, 2000
    Date of accident: December 17, 2000
Primary payer category code: MB
Name of referring physician: Jane M. Doe
Identification number of referring physician: NPI number: OTH00000
Whether tests were sent to an outside lab: Yes
Outside lab charge: $48.32
Diagnosis or nature of illness or injury
    Diagnosis 1 (Principal): 464.20
    Diagnosis 2: 465.9
Dates of service: July 6, 2001
Place of service: Office visit
Codes for procedure, services, or supplies/ type of service: 99233
Charges: $75.30
Days or units: 1 unit
Whether the provider accepts assignment
    Assignment in general: Yes
    Medicare assignment: Assigned
Total charge in a claim: $143.50
Name of facility where services were rendered: XYZ Clinic
Address of facility where services were rendered: 100 Medical Drive, Madison, WI 53701
Physician's and supplier's billing name: ABC Health Clinic
Physician's and supplier's billing address: 2231 Dollar Street, PO Box 431 Madison, WI 53714

Billing physician's/supplier's identification number: EIN: 530774169
Performing physician's name: John Doolittle
Performing physician's identification number
    Wisconsin physician license number: 0031278
    NPI: RES00000
    UPIN: 635770
The medical group that the physician is associated with: ABC Health Clinic (EIN: 530774169)

Transaction Type 'U' The *Transaction Type Identifier* 'U' is used when a change or an update needs to be made to an existing *POV Service* record (except, *EIN* of the physician's practice group, *Wisconsin Physician License Number*, or *Record Identification Number, see note below*) in the *POV Service* database.

The record's features include:

- The number of *POV Service* records with the *Transaction Type Identifier* 'U' in a file will depend on the need of data submitters to keep the *POV Service* data up-to-date.
- The *Transaction Type Identifier* for updated records should always be coded 'U'.
- **All** fields in the record must contain complete and accurate information. A blank field on the update record will result in the existing information on the corresponding element in the database to be deleted or "written over with blanks".

IMPORTANT NOTE: The *POV Service* database uses three data elements to form its primary record identifiers. They are (1) *EIN* of the physician's practice group (Edit No. 5322), (2) *Wisconsin Physician License Number* (Edit No. 5311), and (3) *Record Identification Number* (Edit No. 3007). These three fields are not allowed to be changed or updated. If the information in any of these fields (or all) needs to be changed, data submitters should:

- purge the existing record by using the *POV Service* record with the *Transaction Type Identifier* 'D' first; then,
- submit a new *POV Service* record containing accurate information with the *Transaction Type Identifier* 'A'.

Transaction Type 'D' The *Transaction Type Identifier* 'D' is used to purge existing *POV Service* records in the database if they were submitted in error. This particular type of record should be sent only when data submitters wish to delete *POV Service* records that were misreported. Also, as discussed above, the *POV Service* record with the *Transaction Type*

Identifier 'D' should be submitted when *EIN* of the physician's practice group, *Wisconsin Physician License Number*, or *Record Identification Number* needs to be changed.

The use of the *POV Service* record with the *Transaction Type Identifier* 'D' does not require completing the information in all of its fields. For a minimal submission, a *POV Service* record **must** include the following data elements:

- beginning-of-record indicator ('POV')
- record sequence number
- transaction type identifier (i.e., 'D')
- record identification number
- Wisconsin physician license number
- EIN of physician's practice group

The information in the rest of the fields is optional.

For instance, using the previous example, the data submitter finds that Dr. John Doolittle, in fact, is not affiliated with ABC Health Clinic. Then, the data submitter needs to send a *POV Service* record to purge or remove the record or information associated with Dr. John Doolittle in BHI's database. Below is an example of the record:

POV|74|D|BHI001||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||0031278||||530774169~

After receiving the record, BHI will purge any existing information associated with it.

5.3 File Structure

Files submitted have to be formatted as ASCII text files. They must be either a single data stream (no carriage return or line feed characters included) or separate records with both a CR (carriage return) and a LF (line feed) at the end of each record. Every file must incorporate a file delimiter '^' at the end of the file to indicate the end of the file transmission process. If the character '^' at the end of a file is not received, the system will consider the file transmission incomplete. When this occurs, BHI will send a notice of file transaction failure to the data submitter with a request for re-submission.

Every file must start with one *Submitter Transaction* (ST) record. If the first record is not a *Submitter Transaction* record, BHI will send a notice of file transaction failure to the data submitter.

The *Submitter Transaction* record always has a *Record Sequence Number* of '0' associated with it indicating the beginning of a file submission. The sequence number increases by one for each record in the submission file. Therefore, the total number of records submitted is equal to the last sequence number plus one.

Below is an example of a file containing one *Submitter Transaction* record and five *POV Service* records. The file is constructed in an ASCII form in one data stream.

    ST|0|…|4~POV|1|A|…|537116969~POV|2|A|…|537116969~ POV|3|A|…|537116969~
    POV|4|U|…|537116969~POV|5|D|…|537116969^

The following example shows a file using carriage returns.

    ST|0|…|4~
    POV|1|A|…|537116969~
    POV|2|A|…|537116969~
    POV|3|A|…|537116969~
    POV|4|U|…|537116969~
    POV|5|D|…|537116969^

Be aware that it is critical to include the end-of-file delimiter '^' to indicate the end of the file transmission. Failure to include the end-of-file delimiter will cause a fatal file-processing error, resulting in a rejection of the submission.

The submission of a file mixing both *POV Service* records and *Physician Affiliation* records is not acceptable.

5.4 File Naming Convention

The POV data submission accepts long file names to ensure that information is meaningful and distinctive. In general, the file name standards can be summarized as follows:

- The length of a file name should be less than 32 characters.
- The allowable character set should be restricted to A-Z, a-z, 0-9, underscore (_), and hyphen (-).
- The characters in a file name are not case sensitive.

In addition, one of the two types of file name initials must be specified in order to indicate the type of a submission.

1. Files containing *POV Service* (POV) records must start with characters POV.
2. Files containing *Physician Affiliation* (AFF) records must begin with characters AFF.

Files whose name does not start with POV or AFF will not be processed, resulting in a failure of submission.

The use of an extension name is recommended.   A period sign '.' should be used to separate the file name from its extension.   A common extension name for a file constructed by the ASCII text format is 'TXT.'

Section 6. File Transmission

Data required for POV data collection should be transmitted to BHI in a pre-specified format defined in the section on record and file specifications (see Section 5). The process of sending information from data submitters to BHI is called uploading. Reports from BHI containing transmittal feedback and processing errors can be acquired via a similar mechanism. The process of data submitters retrieving reports from BHI is called downloading.

Files and reports can be transmitted between BHI and data submitters by using either of three secure methods: a bulletin board system, a web-based transmission, or a file transfer connection. In order to protect data integrity as well as information security, a number of file transfer protocols and encryption methods are employed to ensure the reliability of file transmission.

6.1 Objectives

The main goals of the file submission mechanism for the POV data collection system are to provide:
- An information system that can be accessed free of charge by all data submitters.
- An electronic system that can be reached 24 hours a day, 7 days a week.
- A quick processing system, allowing for rapid file handling and timely feedback.
- A secure mechanism for data transmission and information exchange.

6.2 Account Information

Each data submitter must have a unique submitter ID number and valid account credentials in order to submit data to BHI. The submitter ID number identifies the source of origin for data submitted to BHI.

BHI will provide the submitter ID number and other account information to data submitters during the data submitter/vendor qualification process. Each data submitter will be assigned a secure directory and submitter ID for uploading and downloading purposes. Each data submitter will need to register for a login name and password. Basic information about data submitters, such as name, address, and contact person information, will also be collected by BHI for administrative purposes.

To acquire a submitter ID number and register for accounts for POV data collection, please contact BHI:

E-mail: povdata@dhfs.state.wi.us

6.3 File Submission Methods

To transmit data, data submitters can use either BHI's bulletin board system (BBS), secure Internet access via a standard Web browser (HTTPS), or secure file transfer connection (SFTP) using BHI-provided client software. The mechanism chosen for uploading or downloading can be a single method or a combination of different methods.

6.3.1 Bulletin Board System

BHI provides a dial-up BBS connection that allows file transfer using basic terminal emulation, Zmodem protocol, and dial-up modems. Security is quite good, despite sending open text, because each connection is individually established via telephone by the user. The major disadvantage is the slow performance of analog modems. File size and type of connection mechanism may limit the speed of data transmission via the BBS.

See the detailed BBS submission procedures at
http://dhfs.wisconsin.gov/healthcareinfo/pov/bbs.htm

6.3.2 Web

Data submitters can also transmit files via a secure Internet connection. BHI provides a secured Internet connection site, with the use of authentication and secure sockets, for users to send and retrieve data files online through their Internet service by using secured hypertext transfer protocols (HTTPS). This HTTPS is a "request-response" protocol that specifies that a client browser will open a connection to a server, then send a request using a very specific format. The server will then respond and close the connection to ensure the security of the data transmission.

The use of a contemporary browser is recommended. The browser must be configured to accept Internet "cookies" during the session. Internet submission provides fast and reliable service and is fairly secure. Internet submission also has some disadvantages, such as limitations on the size of a file that can be sent due to time-out settings. In addition, there is no restart if the transfer fails.

See the detailed HTTPS submission procedures at
http://dhfs.wisconsin.gov/healthcareinfo/pov/subproc.htm.

6.3.3 Secure File Transfer

Another option for transmitting files to BHI's system is based on a secure file transfer protocol (SFTP) method, the DHFS secure file transfer server for Business Data Exchange (BDE). The SFTP submission method involves using certificates issued by the DHFS system administrator for encryption, secured file transfer, and verification of file receipt by the BDE server. Users can send and retrieve data files through their BDE connection.

File transmission via BDE is secure, and BDE is able to handle large files at a high speed. Furthermore, BDE offers the ability to use the command line interface, scripting and, potentially, the browser interface. These features allow data submitters to integrate the SFTP method into their system so that the data submitting and retrieving processes can be completely automated.

Instructions and details for BDE installation and relating POVD submission procedures are provided at http://dhfs.wisconsin.gov/sft/.

6.4 Security

The data transmission procedures and protocols used in POV data collection are consistent with specifications contained in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as regulated by the U.S. Department of Health and Human Services. HIPAA security regulations set forth a framework of standard minimum protocols and procedures for ensuring the safety, security and integrity of electronically stored and transmitted health care information.

The HIPAA technical security requirements relate to software controls and protocols inherent to the electronic storage and transmission of health information. This will ensure that data cannot easily be accessed, intercepted, or interpreted by unauthorized third parties. The implementation features include (1) integrity controls (internal verification that data being transmitted or stored is valid) (2) message authentication (ensuring that the messages sent and received are the same), and (3) either access control to transmissions (such as dedicated lines secure from tampering) or encryption.

For more details about HIPAA security requirements related to the transmission of data, please contact the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and Workgroup for Electronic Data Interchange (WEDI).

6.5 Help Desk

Technical problems and issues directly associated with the Physician Office Visit (POV) data submission process should be reported to the DHFS IT Service Desk. The service desk can be contacted via telephone at:

　　　(608) 267-7775　　　　(866) 335-2180 (toll-free)　　　(608) 664-6384 (TTY)

It is critical for callers to follow DHFS service desk procedures to ensure that problems are properly handled. Please give the service desk technician a brief but informative description of the problem; this will facilitate a quicker response and resolution. Please include information such as caller name, contact phone number, error message, description of the problem, an estimate of severity, and so on.

Also, please keep in mind that the service desk is staffed by operators who just log the reported problems into a monitoring system. An assigned technician will contact the caller as soon as

possible with a substantive response. Instructions for reporting POV data submission problems to the DHFS service desk can be obtained at
dhfs.wisconsin.gov/healthcareinfo/pov/problem.htm. If you have questions related to POV general policies, submission deadlines, the qualification process, and data element specifications, please send an e-mail to askbhi@dhfs.state.wi.us or visit the POV Web site at dhfs.wisconsin.gov/healthcareinfo/pov.

Section 7. Validation and Reports

For the initial reporting periods of POV data collection, the Bureau of Health Information (BHI) will not require data correction or affirmation of final data accuracy by physicians or their designated data submitters. Instead, BHI and the submitter will assess the quality of the data submissions and work to identify and correct systemic problems. BHI will notify each submitter when the formal data quality and affirmation process will be implemented.

The data editing system for the Physician Office Visit (POV) project is constructed based on data element specifications, submission timing and volume, and the currently available technology. The purpose of data element specifications is to clarify the characteristics and contents of data elements needed in POV data collection. BHI's goal is to develop a generalized editing method to smoothly and efficiently process the physician office visit data. The POV data system is designed to allow for additional editing flexibility to accommodate submitters' specific needs, to reduce programming burden, and to minimize cost.

7.1 Processing Errors

Processing errors can be classified into one of three levels: file level, record level, and field level. Each level of processing errors is associated with a set of specific edits, which will be addressed in Section 7.2.

File-level or file processing errors occur during the initial file processing stage. File processing errors are often caused by the ambiguity of a file's identity or the detection of an invalid file structure. Consequently, this will result in failure to open a file or failure to load the data into the database.

Record-level or record processing errors occur during the record processing stage. Record processing errors are often associated with the validity of the record structure or the reliability of record integrity. No data in a record that has any record-level processing errors will be processed or loaded into the database.

Field-level or field processing errors occur during the field processing stage. Field processing errors are often caused by the field's inconsistent content or invalid coding specification.

7.2 Edits

"Edits" are defined as messages indicating the possibility of a file, record, or field violation and/or processing error in accord with BHI-specified data formats, codes, and values. Every edit has a unique edit number for further identification and correction purposes.

The edit number consists of two parts: a subset number and a task number. A hyphen is placed between the subset number and the task number. Specifically,

- Each processing error will have a corresponding edit number.
- The subset number indicates the general category or subset that the corresponding edit is intended to address and evaluate.
- The task number indicates the specific task that the corresponding edit performs. There are two types of task numbers: critical and non-critical. **Critical task numbers end in 1, e.g., 4011-011, and must be corrected. Non-critical task numbers end in 2, e.g., 3050-062, and are considered warning edits that may or may not need to be corrected**.

7.3 Standard Processing Reports

When a POV data file is sent to BHI, a series of standard processing reports will be generated in response to any potential edits detected in the submitted file. A summary of the reporting process is presented in Figure 7.1.

Six types of standard processing reports are utilized in POV data collection: Submission Acknowledgment Notification, Initial Processing Notification, Processing Summary Report, Detailed Processing Report, Loadable Problematic Record File, and Unidentified Data String File. Each report provides unique information specific to the file processing status and outcome.

The *Submission Acknowledgment Notification* is an e-mail informing data submitters that their submitted files were received by BHI. For detailed information, see Appendix G.

The *Initial Processing Notification* is an e-mail informing data submitters whether their submitted files could be processed or were rejected due to the existence of file-level processing errors. For detailed information, see Appendix H.

The *Processing Summary Report* summarizes the overall outcome of a file after processing, information as to how its data records were handled, and statistics on the quantity of errors. For detailed information, see Appendix J.

The *Detailed Processing Report* details the processing results of a submitted file, including its individually identifiable records and the edits that appear on those records. For detailed information, see Appendix K.

The *Loadable Problematic Record File* contains records with field-level processing errors in a particular file submission. For detailed information, see Appendix L.

The *Unidentified Data String File* consists of a copy of the raw text contents or data strings in a record that caused record-level processing errors in the record. For detailed information, see Appendix I.

AFF or POV Submitted File

Submission Acknowledgment
Notification (E-mail 1)

Initial Processing
Notification (E-mail 2)

Processing
Summary Report

Unidentified Data
String File

Detailed
Processing Report

Loadable Problematic
Record File
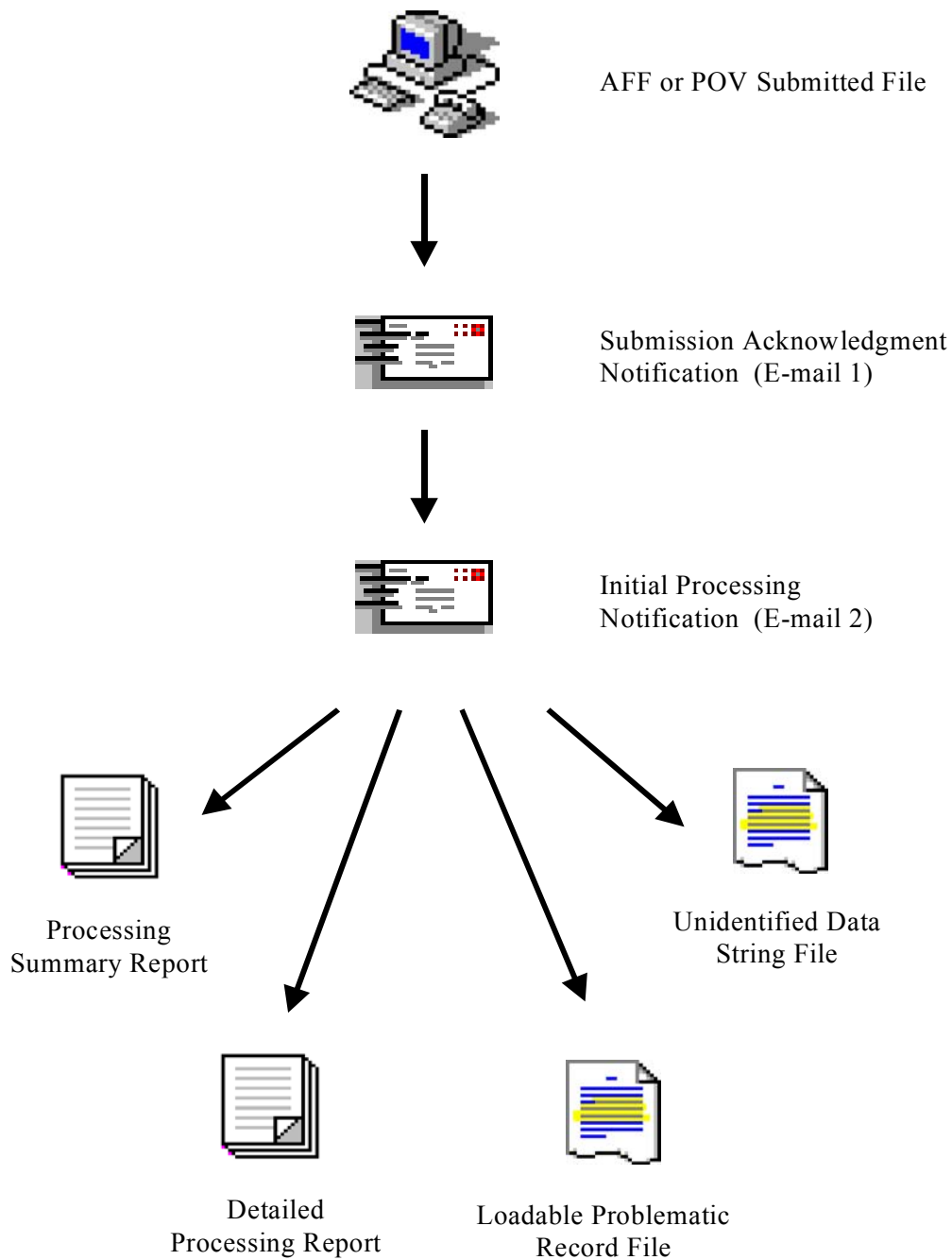
Figure 7.1 Standard Processing Reports and Files

7.4 Data Summary Reports

Data summary reports are reports "summarizing what the health care provider submitted, including number of records, and a listing of all questionable data records." They are also referred to as end-stage editing reports. HFS 120.14 stipulates that the department may return the data in a data summary with information for revision and resubmission at the end of a data submission period. The physicians or their qualified vendors shall correct all errors and complete resubmission within 15 days of receipt of the data summary.

Data summary reports are only generated **once** at the end of each reporting period. The completed reports will be located in each submitter's download library for reviewing purposes. A summary of the reporting process is presented in Figure 7.2.

More specifically, data summary reports consist of the *Processing Summary Report*, *Detailed Processing Report*, *Loadable Problematic Record File*, *Submission Summary Report*, and *Submitted Physician List*. The format and presentation of the *Processing Summary Report*, *Detailed Processing Report*, and *Loadable Problematic Record File* are similar to ones in the standard processing reports, but cover the entire reporting period. The nature of each report type is as follows.

The *Processing Summary Report* provides a brief summary analysis of how well records or data elements in the file are constructed and presented in response to the written specifications.

The *Detailed Processing Report* provides comprehensive information about edits/caveats as well as detailed analysis of any field-level processing errors detected in BHI's POV database. Specifically, this report is designed to inform data submitters about any inconsistency between submitted data and their default specifications.

The *Loadable Problematic Record File* is a file containing records with field-level processing errors. The *Loadable Problematic Record File* is formatted as an ASCII text file, storing all of the loadable problematic records existing in the POV database. Data submitters can retrieve this file to examine the problematic records.

The *Submission Summary Report* provides statistical information about the contents of essential data elements that were submitted in a submission period. Submitters can use the output of this report to examine their data validity, or perform additional content analyses.

The *Physician Status Report* consists of name, physician license number, and delegation status for physicians who submitted POV service records during a specific submission period. Physicians who do not submit service records will not be included in this list. Submitters may use this list to prepare physician information for the affirmation process.

Details of the features and format of each report are presented in the Appendices of this manual.

BHI Data
Processing Center

DHFS Secure File
Transfer Server

Processing
Summary Report

Physician Status
Report

Detailed Processing
Report

Submission
Summary Report

Loadable Problematic
Record File
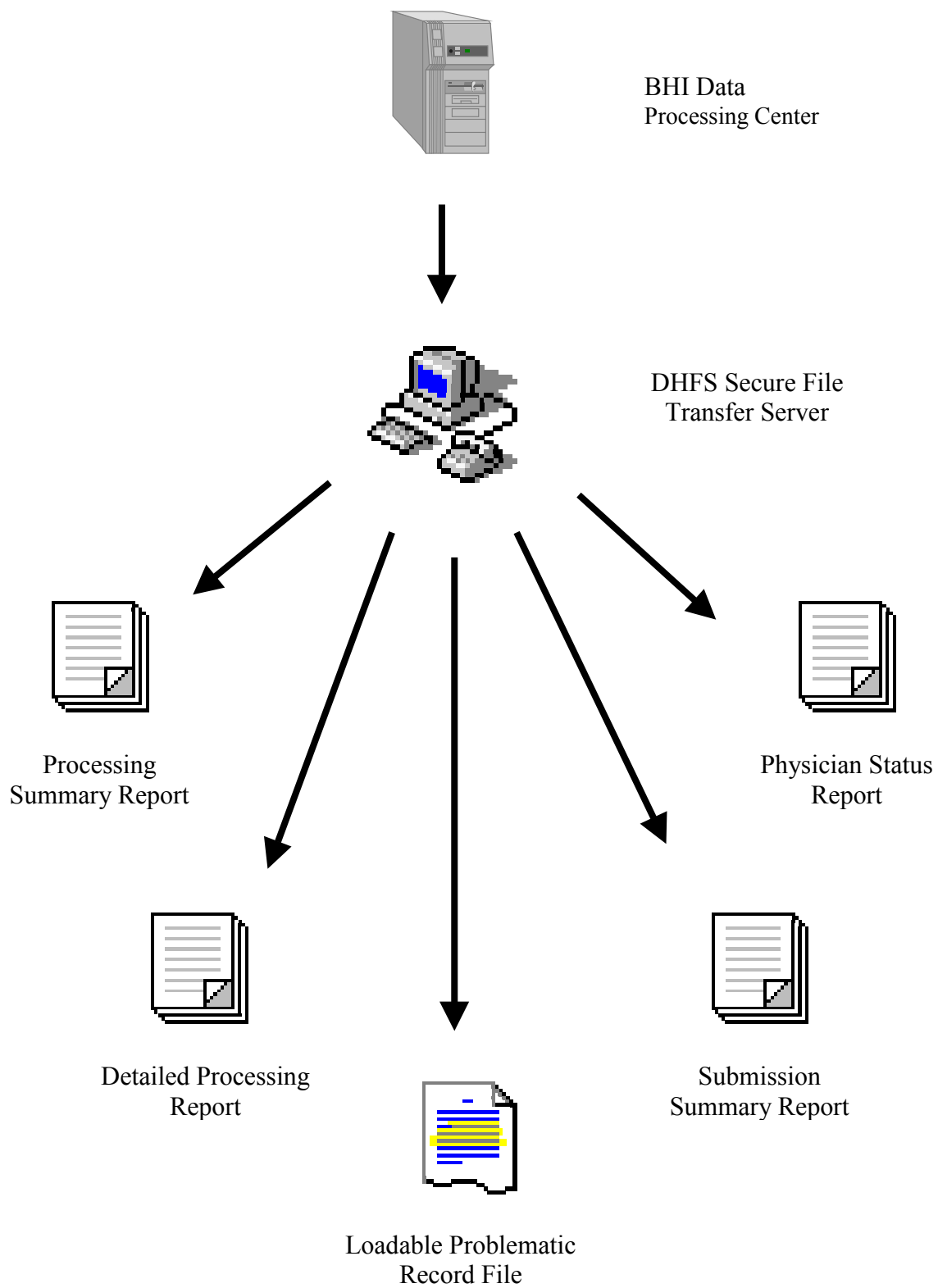
Figure 7.2 Data Summary Reports and Files

7.5 Physician Profile and Affirmation Statement

A *Physician Profile* report and an *Affirmation Form* will be distributed to each physician after completion of the data summary process. Physicians may delegate their data correction and affirmation responsibilities to their data submitters.

The *Physician Profile* report provides a high-level summary analysis of POV service records submitted for a physician during a specific reporting period. The Bureau of Health Information supplies this data profile to help physicians verify the accuracy and completeness of the data reported. By law, physicians or delegated designees shall review the profile reports within 30 calendar days from the date data is due to BHI. Please see Wisconsin Administrative Code, HFS 120.14 (1) (c) 5-10, for more details (Appendix B).

State law also gives each physician the opportunity to provide comments on that physician's data and requires BHI to include a file of any comments with the database. Comments must be limited to a maximum of 1,000 words, written in a standard electronic word processing format, and submitted with the signed affirmation statement no later than the 15th calendar day following receipt of this data profile. Please send any comments as an e-mail attachment to: povdata@dhfs.state.wi.us, in a Word 97 or text-only format file. There must be a separate file for each physician's comments. In the file, include the physician name, Wisconsin license number, submitter ID, reporting year and reporting period to assure the comments are associated with the appropriate physician's data. The e-mail may include more than one file.

The *Affirmation Form* is used to affirm that, to the best of the physician's or her/his delegated designee's knowledge, the physician office visit data summarized in the attached profile, together with any corrections, additions, or deletions that were subsequently made, are complete and accurate. The signed *Affirmation Form* may also be faxed to BHI at 608-264-9881 within the review period but note that **faxing is not a substitute for mailing**. You must still mail the original signed affirmation form to BHI. Compliance with the statutory deadline is determined by the date of postmark or the fax date, whichever is earlier.

More details and examples of the *Physician Profile* report and the *Affirmation Form* are presented in Appendices O-Q.

7.6 Report and File Retention Policy

Due to limited disk and storage space on the DHFS network, submitted files and related processing reports will be deleted within 10 days. With some exceptions, a file or report will not be retained on the DHFS network server more than one reporting period. There is no backup ability or restored service for deleted files and reports. Submitters are responsible for tracking and maintaining their reports.

APPENDIX A
Chapter 153, Wisconsin Statutes

Following is a copy of Chapter 153, Wisconsin Statutes, <u>Health Care Information</u>, as available at
<u>http://www.legis.state.wi.us/rsb/stats.html</u>.

APPENDIX B
Chapter HFS 120, Wisconsin Administrative Code

Following is a copy of Chapter HFS 120, Wisconsin Administrative Code, <u>Health Care</u> <u>Information</u>, as available at <u>http://www.legis.state.wi.us/rsb/code/index.html</u>.

APPENDIX C
Submitter Transaction Data Specifications and Edits

Submitter Transaction data are utilized to collect general transmission information on the files sent to BHI as well as characteristics of data submitters. Once a data file is received and processed into BHI's system, a message will be returned via e-mail to the data submitter as acknowledgment that BHI has received the files.

C.1 Data Information

It is critical for data submitters to supply complete, accurate, and current information in their *Submitter Transaction* data. The *Submitter Transaction* data is placed in a *Submitter Transaction* record. **Each file must have <u>one</u> *Submitter Transaction* record associated with it**. A detailed description of the record structure and data elements for the submitter transaction data is described in Sections C.2 and C.3.

The start of the *Submitter Transaction* record is represented by the unique record type identifier 'ST'. Transaction information fields contain the *Submitter/Vendor ID*, *Submitter Organization Name*, and *File Creation Date*. It is very important to have the correct *Submitter/Vendor ID* number in this record. Files without a valid *Submitter/Vendor ID* number in the *Submitter Transaction* record will be rejected automatically due to transaction errors.

It is required that every file start with a *Submitter Transaction* record. If the first record is not a *Submitter Transaction* record or the file contains more than one *Submitter Transaction* record, a notice of file transaction failure will be sent to the data submitter.

Record Sequence Number represents the count of a record. The sequence number always starts with "0" for the first record of a file. Since the *Submitter Transaction* record is always the first record, its *Record Sequence Number* is always set to "0".

Contact information fields provide specific information about the person whom BHI is to contact regarding the POV data submission. BHI will contact that person to: (1) provide reports of record transmission; (2) identify fatal errors, if found; (3) provide edit reports; and (4) provide additional technical instruction, when necessary. The designated submitter contact has responsibilities both internally and externally with BHI to follow up and distribute information within the submitting organization.

File information fields document the *Reporting Year* and *Reporting Period* for a submitted file. The method used to select a valid *Reporting Year* and *Reporting Period* is covered in Section 1.

C.2 Record Layout

This section provides a summary list for the record layout of *Submitter Transaction* data. The list contains the basic information for an element field, consisting of name, type, length, edit number, and requirement. Each element is displayed in the order of its presence in the record. Every element field in the *Submitter Transaction* record is assigned a four-digit edit number for further identification and editing purposes. The first digit of this edit number is always '1', to indicate its application to a field within the *Submitter Transaction* record.

The layout and components of the *Submitter Transaction* record are as follows:

Element/Subset Name	Order	Type	Length	Edit No.	Required
Beginning-of-record indicator	1	Rec.	2	1000	●
Record sequence number	2	Num.	≤12	1005	●
Transaction information					
Submitter/vendor ID	3	String	≤15	1011	●[1]
Submitter organization name	4	String	≤95	1012	●
File creation date	5	Date	8	1013	●
Contact person information					
Last name	6	String	≤35	1021	●
First name	7	String	≤25	1022	○
Title	8	String	≤35	1030	○
Street address 1	9	String	≤55	1041	●
Street address 2	10	String	≤55	1042	○[2]
City name	11	String	≤52	1043	●
State code	12	String	2	1044	●
ZIP code	13	String	≤15	1045	●
E-mail	14	String	≤80	1050	●
Phone	15	String	≤80	1064	●
Phone extension (Ext.)	16	String	≤80	1065	○
File Information					
Reporting year	17	Num.	4	1071	●
Reporting period	18	Num.	1	1072	●

- ●   Mandatory
- ○   Required if information exists
- [1]   Every data submitter must have a valid submitter ID number issued by BHI.
- [2]   If both P.O. box number and street address are present, P.O. box number must be placed in street address 2.

C.3 Data Element Specifications and Edits

The purpose of data element specifications is to clarify the characteristics and contents of data elements needed in the POV data collection. The data element specifications are organized by the order the elements appear in a record. Each data element is defined in detail on a data element specification sheet. The format for the specification sheets is illustrated in the following example:

- **Element Name:** The name of the data element assigned within Chapter 153, Wisconsin Statutes. It is always listed at the top of the specification sheet.

- **Edit Number:** Every data element has a unique edit number for further identification and editing purposes. The first digit of the edit number is always '1', to indicate it applies to a field within the *Submitter Transaction* record.

- **Subset Name:** An extended identification for data elements that is assigned to a specific category. If an element has no subset, the subset name will be the same as the element name.

- **Definition:** A narrative statement or coding consideration that defines the nature of a corresponding data element.

- **Requirement:** Data element requirements are of three types: mandatory, conditional, and required if information exists.

  - Mandatory: An element field is required.
  - Conditional: If one element specified in the condition is present, then its conditional elements must be present.
  - Required if information exists:
    An element needs to be present only if its information is available.

- **Source:** References and standards that are used for data collection. The X12N 837 Professional EDI standard (837004010x098) is used whenever possible.

- **Type:** The character feature of an element. The data element type includes:

  - Date: A date type is used to express the standard date with a CCYYMMDD format in which "CC" is century, "YY" is the calendar year, "MM" is the month, and "DD" is the day in the month.

- ❑ Numeric: A numeric element consisting of one or more digits representing a value in the normal base of 10. The value of a numeric element may include a decimal point. The abbreviation for this data type is "Num.".

- ❑ String: A string data element can be one (stand-alone) character or a sequence of any characters. Left-justify character strings without leading spaces. The representation for this data element type is "Str.".

- ❑ Record: A string that is pre-defined for the identification of a record type. It is always located in the first field of a record. The representation for this data element type is "Rec.".

- • Length: The character length of each data element. The value of the length is represented by the number of character positions used. Based on the nature of an element, each of the data elements is assigned a pre-specified length, with a maximum length if necessary.

- • Value: Code that is used for a data element as well as definitions corresponding to the code.

- • Example: Whenever possible, data elements are illustrated by an example.

- • Specification: More detailed information for the data element, such as sources, applicability, code setting, and so forth.

- • Edit(s): Messages indicating the possibility of a field's violation concerning pre-specified data formats, coding, and values. Edits will not be used until a sufficient training period has been completed.

BEGINNING OF RECORD INDICATOR

Subset Number:	1000
Subset Name:	Beginning of record indicator
Definition:	Indication of the beginning of the submitter transaction record and of a submitted file.
Requirement:	Mandatory

Source: Assigned by the Bureau of Health Information.

Type: Record

Length: 2 positions

Value: ST

Example: ST

Specifications:

1. A file must have <u>one</u> submitter transaction record associated with that file and it must be the first record in the file.
2. The value of this element is always 'ST', to indicate the onset of the submitter transaction record.
3. Because of the level of the error presentation, the information associated with file edits is also reported in this field.

Edits:

1000-011	Must be 'ST'.
1000-021	Contains invalid field delimiters in the ST record.
1000-031	Must consist of only one 'ST' record in a file.
1000-041	Missing the end-of-record delimiter in the ST record.
1000-051	No data can be placed after the end-of-file delimiter.
1000-061	Contains invalid non-AFF type records in an AFF file.
1000-071	Contains invalid non-POV type records in a POV file.
1000-081	Missing the end-of-file delimiter.
1000-091	Contains invalid non-AFM type records in an AFM file.

RECORD SEQUENCE NUMBER

Subset Number:	1005
Subset Name:	Record Sequence Number
Definition:	An integer that identifies every record in the file in sequence.
Requirement:	Mandatory

Source: Health care provider

Type: Numeric

Length: 12 positions or less

Value: 0

Example: '0' would be coded for the first row in the file.

Specifications:
1. This number must be a continuous integer in a record.
2. This number must be unique in a record.

Edits: 1005-011 Must be '0'.

TRANSACTION INFORMATION

Subset Number:	1011
Subset Name:	Submitter/Vendor ID
Definition:	Identification number of a data submitter/vendor.
Requirement:	Mandatory

Source: Assigned by the Bureau of Health Information.

Type: String

Length: 5 positions or less

Value: N/A

Example: N/A

Specifications:
1. Each data submitter should have a unique identification number assigned by the Bureau of Health Information (BHI). If you don't have an assigned number, please contact BHI.
2. This number is used only for data submission purposes.

Edits: 1011-031   Must be a valid submitter/vendor ID.

TRANSACTION INFORMATION

Subset Number:	1012
Subset Name:	Submitter/Vendor organization name
Definition:	The legal or corporate name of a data submitter/vendor used to identify or distinguish one business entity from another.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 95 positions or less

Value: N/A

Example: N/A

Specifications:

    1. This field should consist of the legal or corporate name of the submitter/vendor's organization.

Edits: 1012-011   Must contain a submitter/vendor organization name.
                     1012-022   Requires a valid submitter/vendor organization name.

TRANSACTION INFORMATION

Subset Number:	1013
Subset Name:	File creation date
Definition:	The date the submitter/vendor created the file sent to BHI.
Requirement:	Mandatory

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: August 10, 2001 would be recorded as '20010810'.

Specifications:
1. This field indicates the date a file was created.
2. The date has to be a valid date within a submission period.

Edits: 1013-021   Must be a valid date in relation to the reporting period (No. 1072).
1013-031   Must be before the date the file is received by BHI.

CONTACT PERSON INFORMATION

Subset Number:	1021

Subset Name:	Last name
Definition:	Last name is the surname of the person that BHI is to contact about the data submission.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 35 positions or less

Value: N/A

Example: 'DOLE' is coded when the contact's last name is Dole.

Specifications:

1. This field consists of the last name or surname of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they come up.
2. The contact person is chosen by the submitter/vendor to be the primary contact for BHI.
3. A valid last name consists of one or more letters between A and Z; may also include a hyphen or a space.

Edits: 1021-021   Must be a valid last name format.

CONTACT PERSON INFORMATION

Subset Number:	1022
Subset Name:	First Name
Definition:	First name is a given name used by the person that BHI is to contact, commonly referred to as her/his first name.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 25 positions or less

Value: N/A

Example: 'LAURA' is coded when the contact's first name is Laura.

Specifications:

1. This field consists of the first name of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
2. The contact person is chosen by the submitter/vendor as the primary contact for BHI.
3. A valid first name consists of one or more letters between A and Z; may also include a hyphen or a space.

Edits: 1022-022   Require a valid first name format or blank.

CONTACT PERSON INFORMATION

Subset Number:	1030
Subset Name:	Title
Definition:	Title of the person that BHI is to contact.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 35 positions or less

Value: N/A

Example: 'INFORMATION SYSTEMS SPECIALIST' is coded when the position title of the contact person is information systems specialist.

Specifications:
1. The title field should specify the position title held by the contact person.
2. This field consists of the title of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
3. The contact person is chosen by the submitter/vendor as the primary contact for BHI.

Edits: N/A

CONTACT PERSON INFORMATION

Subset Number: 1041

Subset Name: Street address 1

Definition: A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.

Requirement: Mandatory

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: '123 MAIN STREET' is coded if the mailing street address is 123 Main Street.

Specifications:
1. The purpose of this field is for the mailing address.
2. This field consists of the street address of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
3. The contact person is chosen by the submitter/vendor as the primary contact for BHI.

Edits:
1041-011   Must contain a street address.
1041-022   Requires a valid street address.

CONTACT PERSON INFORMATION

Subset Number:	1042
Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exits.

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: 'PO BOX 309' is coded when the mailing address is PO Box 309.

Specifications:
1. The purpose of this field is for the additional mailing address.
2. If both P.O. box number and street address are present, P.O. box number must be placed in street address 2.
3. This field consists of the P.O. box route line of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
4. The contact person is chosen by the submitter/vendor as the primary contact for BHI.

Edits: 1042-012   Requires a valid address or blank.

CONTACT PERSON INFORMATION

Subset Number:	1043
Subset Name:	City name
Definition:	The name of the municipality associated with the local Post Office for the Address location of the person whom BHI is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 52 positions or less

Value: N/A

Example: 'MADISON' is coded when the contact person's mailing address is in Madison.

Specifications:
1. The purpose of this field is for the mailing address.
2. This field consists of the city of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
3. The contact person is chosen by the submitter/vendor as the primary contact for BHI.

Edits: 1043-011   Must contain a city, town, or village name.
             1043-022   Requires a valid city, town, or village name.

CONTACT PERSON INFORMATION

Subset Number:	1044
Subset Name:	State code
Definition:	The code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas of the person whom BHI is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 2 positions or less

Value: N/A

Example: N/A

Specifications:
1. The purpose of this field is for the mailing address.
2. This field consists of the state of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
3. The contact person is chosen by the submitter/vendor as the primary contact for BHI.

Edits: 1044-011   Must be a valid state code.

CONTACT PERSON INFORMATION

Subset Number:	1045
Subset Name:	ZIP code
Definition:	A code used to facilitate the delivery of mail to the person whom BHI is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 15 positions or less

Value: N/A

Example: N/A

Specifications:
1. The purpose of this field is for the mailing address.
2. This field consists of the ZIP code of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
3. The contact person is chosen by the submitter/vendor as the primary contact for BHI.
4. BHI will accept five or nine digit zip codes.
5. Do not include any punctuation in the zip code, i.e., no hyphen.

Edits: 1045-021   Must be a valid ZIP code.

CONTACT PERSON INFORMATION

Subset Number:	1050
Subset Name:	E-mail address
Definition:	E-mail address of the person whom BHI is to contact.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: N/A

Example: askbhi@dhfs.state.wi.us

Specifications:
1. This field consists of the e-mail address of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
2. The contact person is chosen by the submitter/vendor as the primary contact for BHI.
3. This field should contain an @ sign and a period.

Edits: 1050-021   Must be valid format for an e-mail address.

CONTACT PERSON INFORMATION

Subset Number: 1064

Subset Name: Phone Number

Definition: Phone number of the person whom BHI is to contact.

Requirement: Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: N/A

Example: '6085551234' would be coded for phone number (608) 555-1234.

Specifications:
1. The phone number field should consist of both an area code and a 7-digit local phone number. Do not use punctuation, such as parentheses or hyphens.
2. This field consists of the phone number of the person whom BHI should contact for the data submission, edit reports, transmission errors, affirmation statement, and other questions or problems as they occur.
3. The contact person is chosen by the submitter/vendor as the primary contact for BHI.

Edits: 1064-011   Must be numeric characters only in a valid format.

CONTACT PERSON INFORMATION

Subset Number: 1065

Subset Name: Phone extension

Definition: The extension number of phone.

Requirement: Required if information exists

Source: Data submitter

Type: String

Length: 80 positions or less

Value: N/A

Example: '756' would be coded when a phone number has an extension 756.

Specifications:
1. When a contact person has a phone extension number, this field reports the extension number.

Edits: 1065-011 Must be numeric or blank.

FILE INFORMATION

Subset Number:	1071
Subset Name:	Reporting year
Definition:	The reporting year of the data submitted.
Requirement:	Mandatory

Source:　　Data submitter

Type:　　Numeric

Length:　　4 positions

Value:　　CCYY (i.e., century and year)

Example:　　'2001' is coded when submitting data for 2001.

Specifications:
　　　　1.　This field documents the year for which this data is being submitted.

Edits:　　1071-021　　Must be a valid year format.
　　　　　　1071-031　　Must be after calendar year 2001.

FILE INFORMATION

Subset Number:	1072
Subset Name:	Reporting period
Definition:	The reporting period of the data submitted.
Requirement:	Mandatory

Source: Data submitter

Type: Numeric

Length: 1 position

Value:

Code	Definition
1	First reporting period; January – March
2	Second reporting period; April – June
3	Third reporting period; July – September
4	Fourth reporting period; October – December

Example: '1' is coded when the reporting period is the first reporting period.

Specifications:
1. This field documents the period for which this data is being submitted.
2. The time frame for each period is as follows:

Period	Reporting Period	Data Submission Deadline	Affirmation Deadline
1	1/1 - 3/31	4/30	5/30
2	4/1 - 6/30	7/30	8/29
3	7/1 - 9/30	10/30	11/29
4	10/1 - 12/31	1/30	3/2

Edits: 1072-011   Must be a valid code.

APPENDIX D
Physician Affiliation Data Specifications and Edits

Physician Affiliation data collects general information on physicians to include status of medical practice group affiliation and data submission delegation, to ensure the validity and reliability of the physician office visit service data over reporting periods.

D.1 Data Information

The *Physician Affiliation* data will be collected through two stages: initial development and continuing modification. The initial development stage will consist of data submitted to the Bureau of Health Information (BHI) during the qualification process. Data collected in the initial development stage will serve as the basis of the *Physician Affiliation* database.

During the continuing modification stage, *Physician Affiliation* data will be updated by the submission of *Physician Affiliation* records, e.g., adding new physicians, removing/purging misreported physicians, or changing/updating physician information. **Note**: It is the responsibility of all data submitters to provide accurate *Physician Affiliation* data and to provide updates to the *Physician Affiliation* data.

The *Physician Affiliation* data are submitted in *Physician Affiliation* records. Record layout and data elements are summarized in Sections D.2 and D.3. Submission of all elements included in the *Physician Affiliation* data is required. Multiple *Physician Affiliation* records may be submitted in a file. The name of a file containing *Physician Affiliation* records must start with the letters AFF and **must not** contain *POV Service* records. (For complete file naming instructions, see Section 5).

The first field of a *Physician Affiliation* record must contain a unique *Beginning-of-Record Indicator*, 'AFF.'   The second and third fields of a *Physician Affiliation* record contain the *Record Sequence Number* in a file and the *Transaction Type Identifier*, respectively.

Data submitters need to specify the value for the *Transaction Type Identifier* to indicate the purpose of the transaction or submission. The *Transaction Type Identifier* should be assigned one of three values: 'A' (add physicians), 'U' (updated), and 'D' (deleted). A newly submitted *Physician Affiliation* record should always be given the value, 'A', in the *Transaction Type Identifier* field. The code 'U' is used when a record is submitted to update the information existing in the database. If data submitters request a particular record to be removed from the system, a code 'D' will be assigned in the *Transaction Type Identifier* field.

The rest of the fields document a physician's practice group information, name, identification, mailing address, dates of practice group affiliation, data submission delegation, and data affirmation delegation.

The physician's medical practice group fields consist of general information related to the practice group with which a physician is affiliated. The physician is typically employed by or a partner in the practice group. A self-employed physician submitting his/her own data would indicate his or her business name and address.

The physician name and identification fields document a physician's full name and licensing information. *Wisconsin Physician License Number* is required because the POV data collection is only open to physicians licensed to practice in Wisconsin. *UPIN* is the unique physician identification number assigned by the Centers for Medicare and Medicaid Services (formerly known as Health Care Financing Administration). *EIN* is the federal employer's identification number issued by the Internal Revenue Service. If a physician has a private practice in addition to an affiliation with a medical practice, the *EIN* field should consist of that physician's own *EIN* number. *UPIN* and *EIN* must be submitted if they are issued to the physician.

The physician's mailing address fields contain mailing information used to contact each physician practicing in Wisconsin. Incorrect address information may result in the physician's failure to receive timely communications about POV data submission or affirmation.

The dates that physicians start and terminate the affiliation with their medical practice group are placed in the field 'physician's practice group affiliation dates'. When the *Physician Affiliation* data are initially submitted to build the database (*Transaction Type Identifier* 'A'), a *Starting Date of Affiliation* is required.

The transfer of responsibility for submitting data from a physician to a qualified submitter/vendor is documented in the data delegation dates fields. When a physician delegates the submission process to a data submitter, the starting date of data delegation must be reported to BHI by the data submitter. If that delegation is terminated, data submitters must report the *Ending Date of Data Delegation* to BHI.

Similarly, if physicians delegate the affirmation process to data submitters, the starting date of affirmation delegation must be reported to BHI. When the affirmation delegation is terminated, data submitters need to inform BHI about the ending date of data delegation.

Physician Affiliation data will be checked when *POV Service* records are submitted to BHI. Records can only be accepted if they contain physician data that includes (1) a *Physician Affiliation* record linking the physician to the data submitter and (2) a data delegation start date.

BHI cannot accept *POV Service* records from a data submitter if they are for a physician or performing provider that has no data delegation date in the *Physician Affiliation* database. If the data submission delegation is actively terminated, data submitters must submit an 'update' *Physician Affiliation* record with the *Ending Date of Data Delegation*.

D.2 Record Layout

The layout of the *Physician Affiliation* record is listed in the following table. Each element is displayed in the order of its presence in the record. The list contains the basic information of an element field, consisting of name, type, length, edit number, and requirement. Each element field in the *Physician Affiliation* record is assigned a four-digit edit number for further identification and editing purposes. The first digit of this edit number is always '2', to indicate its application to a field within the *Physician Affiliation* record.

Element/Subset Name	Order	Type	Length	Edit No	Required
Beginning-of-record indicator	1	Rec.	3	2000	•
Record sequence number	2	Num.	≤12	2005	•
Transaction type identifier	3	String	1	2010	•[1]
Physician's practice group information					
EIN	4	String	≤80	2021	•
Organization name	5	String	≤95	2022	•
Street address 1	6	String	≤55	2031	•
Street address 2	7	String	≤55	2032	○[2]
City name	8	String	≤52	2033	•
State code	9	String	2	2035	•
ZIP code	10	String	≤15	2036	•
Physician name					
Last name	11	String	≤35	2041	•
First name	12	String	≤25	2042	○
Middle name	13	String	≤25	2043	○
Suffix	14	String	≤10	2045	○
Physician identification number					
Wisconsin physician license number	15	String	≤30	2051	•
NPI	16	String	≤80	2052	•[3]
UPIN	17	String	≤30	2053	○
EIN	18	String	≤80	2055	○
Physician mailing address					
Street address 1	19	String	≤55	2061	•
Street address 2	20	String	≤55	2062	○[2]
City name	21	String	≤52	2063	•
State code	22	String	2	2065	•
ZIP code	23	String	≤15	2066	•

(*Continued…*)

Physician Affiliation Record Layout: Continued

Element/Subset Name	Order	Type	Length	Edit No	Required
Physician's practice group affiliation dates					
Starting date	24	Date	8	2071	○
Ending date	25	Date	8	2072	○
Data delegation dates					
Starting date	26	Date	8	2081	○
Ending date	27	Date	8	2082	○
Affirmation delegation dates					
Starting date	28	Date	8	2091	○
Ending date	29	Date	8	2092	○

●　　Mandatory

○　　Required if information exists

[1]　　Transaction type identifier includes 'A' (for adding new physicians records), 'U' (for updating information), and 'D' (for deleting physician records).

[2]　　If both P.O. box number and street address are present, P.O. box number must be placed in street address 2.

[3]　　NPI is required and issued under HIPAA.

D.3 Data Element Specifications and Edits

The purpose of data element specifications is to clarify the characteristics and contents of data elements needed in the POV data collection. The data element specifications are organized by the order the elements appear in a record. Each data element is defined in detail on a data element specification sheet. The format for the specification sheets is illustrated with the following example:

- **Element Name:** The name the data element is assigned for the identification of Physician Affiliation information. It is always listed at the top of the specification sheet.

- **Edit Number:** Every data element has a unique edit number for further identification and editing purposes. The edit numbers for Physician Affiliation data always start with '2' to indicate it applies to a field within the *Physician Affiliation* record.

- **Subset Name:** An extended identification for data elements assigned to a specific category. If an element does not have any subset involved, the subset name will be the same as the element name.

- **Definition:** A narrative statement or coding consideration that defines the nature of the data element.

- **Requirement:** Data element requirements are of three types: mandatory, conditional, and "required if information exists."

  - Mandatory: An element field is required.
  - Conditional: If one element specified in the condition is present, then its conditional elements must be present.
  - Required if information exists:
      An element needs to be present only if its information is available.

- **Source:** References and standards that are used for data collection. The X12N 837 Professional EDI standard (837004010x098) is used whenever possible.

- **Type:** The character feature of an element. The data element type includes:

  - Date: A date type is used to express the standard date with a CCYYMMDD format in which "CC" is century, "YY" is the calendar year, "MM" is the month, and "DD" is the day in the month.

> ❑   Numeric: A numeric element consisting of one or more digits representing a value in the normal base of 10. The value of a numeric element may include a decimal point. The abbreviation for this data type is "Num.".
>
> ❑   String: A string data element can be one (stand-alone) character or a sequence of any characters. Left justify character strings without leading spaces. The representation for this data element type is "Str.".
>
> ❑   Record: A string which is pre-defined for the identification of a record type. It is always the first field of a record. The representation for this data element type is "Rec.".

- Length: The character length of each data element. The value of the length is represented by the number of character positions used. Based on the nature of an element, each of the data elements is assigned a pre-specified length, with a maximum length if necessary.

- Value: Code that is used for a data element as well as definitions corresponding to the code.

- Example: Whenever possible, data elements are illustrated by an example.

- Specification: More detailed information for the data element, such as sources, applicability, code setting, and so forth.

- Edit(s):   Messages indicating the possibility of a field's violation concerning pre-specified data formats, coding, and values. Edits will not be used until a sufficient training period has been completed.

BEGINNING OF RECORD INDICATOR

Subset Number:	2000
Subset Name:	Beginning of record indicator
Definition:	Indication of the beginning of the physician affiliation record.
Requirement:	Mandatory

Source: Data submitter

Type: Record

Length: 3 positions

Value: AFF

Example: 'AFF' would be coded for this field on the physician affiliation data record.

Specifications:
1. This element must be 'AFF' to indicate the start of a physician affiliation record.
2. Because of the level of the error, the information associated with record edits is also reported in this field.
3. The data delegation starting date (No. 2081) must be in a CCYYMMDD format or blank. Otherwise, the submitted record can not be processed.
4. The data delegation ending date (No. 2082) must be in a CCYYMMDD format or blank. Otherwise, the submitted record can not be processed.

Edits:
2000-011	Must be 'AFF'.
2000-021	Contains invalid field delimiters in an AFF record.
2000-031	Missing the end-of-record delimiter in an AFF record.
2000-041	Can not be added because an AFF record has existed.
2000-051	Can not be updated because there is no matched AFF record.
2000-061	Can not be deleted because there are corresponding POV records.
2000-071	Can not be deleted because there is no matched AFF record.
2000-081	Can not be processed because the format of the data delegation starting date (No. 2081) is not valid or blank.
2000-091	Can not be processed because the format of the data delegation ending date (No. 2082) is not valid or blank.

RECORD SEQUENCE NUMBER

Subset Number:	2005
Subset Name:	Record sequence number
Definition:	An integer that identifies every record in the file in sequence.
Requirement:	Mandatory

Source: Data submitter

Type: Numeric

Length: 12 positions or less

Value: N/A

Example: '58' indicates that the record is the 58th record after the ST record.

Specifications:
1. Record sequence number represents a count of records.
2. The number after the submitter transaction record will begin with a sequence of 1, 2, …, up to the last record of the file.
3. Since a physician affiliation record cannot be the first record, its record sequence number is always greater than '0'.
4. The record sequence number of contiguous records should be presented in a continuous form; otherwise, the possibility of missing records will be reported to data submitters.

Edits: 2005-022   Must be unique.
2005-041   Must be a positive integer.

TRANSACTION TYPE IDENTIFIER

Subset Number: 2010

Subset Name: Transaction type identifier

Definition: Indication of the function of the physician affiliation record being submitted.

Requirement: Mandatory

Source: Data submitter

Type: Record

Length: 1 position

Value:

CODE	DEFINITION
A	Add new physician records
U	Update existing information
D	Delete physician records

Example: 'U' would be coded if a record submitted is used for updating existing information in the physician affiliation database.

Specifications:

1. Data submitters need to specify the value for the transaction type identifier to indicate the purpose of a submitted record.
2. The code 'A' is used to add a new physician to the registry for this data submitter.

3. The code 'U' is used when a record is update the information for a physician already in the database for this data submitter.
4. The code 'D' is assigned if a data submitter requests that a particular physician be be removed from the submitter's registry of physicians.

Edits: 2010-011   Must be a valid code.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2021
Subset Name:	EIN
Definition:	Employer's Identification Number. A number that uniquely identifies an organization to the U.S. Internal Revenue Service.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: Issued by the U.S. Internal Revenue Service

Example: N/A

Specifications:
1. This number is the IRS Employer ID Number of a physician's employer. It is also known as the Federal Tax ID number.
2. If a physician is self-employed, the EIN should be her/his own Federal Tax ID number.
3. Do not include any punctuation in this field, e.g., no hyphen.

Edits: 2021-011 Must be a valid Federal employer ID number.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2022

Subset Name:	Organization name
Definition:	The legal or corporate name used to identify or distinguish one business entity from another.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 95 positions or less

Value: N/A

Example: N/A

Specifications:
1. This element contains the name of the physician's practice group.

Edits: 2022-011   Must be an organization name.
               2022-022   Requires a valid organization name.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2031
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: '123 MAIN STREET' is coded if the mailing address of the physician is 123 Main Street.

Specifications:
1. This element consists of the address of the physician's practice group.

Edits: 2031-011   Must contain a street address.
2031-022   Requires a valid address.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2032
Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: 'PO BOX 309' is coded if the mailing address of the physician is PO Box 309.

Specifications:
> 1. This element consists of the address of the physician practice group.

Edits: 2032-012   Requires a valid address or blank.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number: 2033

Subset Name: City name

Definition: The name of the municipality associated with the local Post Office for this address location.

Requirement: Mandatory

Source: Data submitter

Type: String

Length: 52 positions or less

Value: N/A

Example: 'MADISON' is coded when the physician practice group is located in Madison, Wisconsin.

Specifications:

1. This element consists of the address of the physician's practice group.

Edits: 2033-011 Must contain a city, town, or village name.
2033-022 Requires a valid city, town, or village name.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	2035
Subset Name:	State code
Definition:	A code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 2 positions

Value: N/A

Example: 'WI' is coded if the physician's practice group is located in Wisconsin.

Specifications:

1. This element contains the postal code for the state of the physician's practice group.

Edits: 2035-011   Must be a valid state code.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number: 2036

Subset Name: ZIP code

Definition: A code used to facilitate the delivery of mail.

Requirement: Mandatory

Source: Data submitter

Type: String

Length: 15 positions or less

Value: N/A

Example: '53575' is coded for the village of Oregon, Wisconsin.

Specifications:
1. BHI will accept five-or nine-digit zip codes.
2. Do not include any punctuation in the zip code, e.g., no hyphen.

Edits: 2036-011   Must be a valid ZIP code.

PHYSICIAN NAME

Subset Number:	2041
Subset Name:	Last name
Definition:	The last name or surname of the physician.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 35 positions or less

Value: No specific value is assigned

Example: 'BEETHOVEN' is coded if the physician's last name is Beethoven.

Specifications:

1. A valid last name can include any character between A and Z, a hyphen, or a space.

Edits: 2041-011 Must be in a valid last name format.

PHYSICIAN NAME

Subset Number:	2042
Subset Name:	First name
Definition:	First name is a given name used by the physician.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: 'LAURA' is coded if the physician's first name is Laura.

Specifications:
1. A valid first name can include any character between A and Z, a hyphen, or a space.

Edits: 2042-011   Must be in a valid first name format or blank.

PHYSICIAN NAME

Subset Number: 2043

Subset Name: Middle name

Definition: Middle name is an additional name other than the first name and
                       surname of the physician.

Requirement: Required if information exists.

Source: Data submitter

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: 'JEAN' is coded if the physician's middle name is Jean.

Specifications:
   1. A valid middle name can include any character between A and Z, a hyphen, or a
      space.

Edits: 2043-011   Must be in a valid middle name format or blank.

PHYSICIAN NAME

Subset Number:	2045
Subset Name:	Suffix
Definition:	The suffix is additional descriptive information applied to the entire name and appended to the last name.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 10 positions or less

Value: No specific value is assigned

Example: 'JR' is coded if the physician is a Junior.

Specifications:
1. Do not submit credentials in this field (e.g., MD, DR, Ph.D.).
2. Suffix is to be included for each physician, where applicable.

Edits: N/A

PHYSICIAN IDENTIFICATION NUMBER

Subset Number:	2051
Subset Name:	Wisconsin physician license number
Definition:	The physician license number assigned to the physician by the Wisconsin Department of Regulation and Licensing.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 30 positions or less

Value: Assigned by the State of Wisconsin, Department of Regulation and Licensing.

Example: N/A

Specifications:

1. Only submit the seven-digit Wisconsin physician license number, without the 3-digit specialty code.
2. Example: **0099999**-020. Each Wisconsin physician license number includes two leading zeros, five digits, a dash, and a three-digit specialty code. Use only the leading seven-digit portion of the Wisconsin physician license number that corresponds with the underlined portion of the example.
3. Leading zeros are required.
4. An additional soundex comparison on the physician's last name will be performed based on phonics (the way a word sounds), in addition to semantics (the way a word is spelled).

Edits: 2051-011   Must be a valid Wisconsin physician license number.
             2051-042   Last name (No. 2041) does not match the physician license table.
             2051-062   UPIN (No. 2053) does not correspond to the physician license number.

PHYSICIAN IDENTIFICATION NUMBER

Subset Number:	2052
Subset Name:	NPI
Definition:	National Provider Identifier. A unique identification number for health care providers that will be used by all health plans.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: Issued by the National Provider System

Example: N/A

Specifications:
1. A unique NPI will be assigned to each physician.
2. The NPI is an 8-position alphanumeric identifier. The eighth position is an International Standards Organization-approved check-digit, which will allow a calculation to detect keying or transmission errors.
3. The use of NPI will be fully implemented under HIPAA. In some instances an NPI may have already been assigned.
4. If an NPI has not been assigned please submit a surrogate NPI. Examples of surrogate NPIs are listed below:

RES00000	this code is for interns and residents
RET00000	this code is for retired physicians
VAD00000	this code applies to physicians serving the Department of Veterans Affairs or the U.S. Armed Services
PHS00000	physicians serving Public Health or Indian Health services may use this code
OTH00000	physicians that do not meet any of the above criteria may use this code

If you need additional information on surrogate NPIs, please visit the CMS web site at http://www.cms.hhs.gov.

Edits: 2052-011   Must be in a valid NPI format.

PHYSICIAN IDENTIFICATION NUMBER

Subset Number:	2053
Subset Name:	UPIN
Definition:	Unique Physician Identification Number. A number assigned by the Centers for Medicare and Medicaid Services.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 30 positions or less

Value: Assigned by Federal UPIN Registry

Example: B54321

Specifications:

1. COBRA 85 required HCFA to establish a unique identifier for all physicians, as defined in 1861r of the Social Security Act, under Title XVIII. Because there was no legal authority to use the Social Security Number, HCFA created the UPIN, a six-place alpha/numeric identifier.
2. As of January 1, 1992, physicians are required to code the UPIN of the referring or ordering physician on the HCFA-1500.

Edits: 2053-011   Must be in a valid UPIN format or blank.

PHYSICIAN IDENTIFICATION NUMBER

Subset Number: 2055

Subset Name: EIN

Definition: Employer's Identification Number. A number that uniquely
identifies an organization to the Federal Internal Revenue Service.

Requirement: Required if information exists.

Source: Data submitter

Type: String

Length: 80 positions or less

Value: 571234568

Example: N/A

Specifications:
1. This number is the IRS Employer ID Number of a physician's employer. It is
   also known as the Federal Tax ID number.
2. If a physician is self-employed, this field should be the same as the practice
   group's EIN (No. 2021).
3. Do not include any punctuation in this field, e.g., no hyphen.

Edits: 2055-011   Must be in a valid EIN format or blank.

PHYSICIAN MAILING ADDRESS

Subset Number:	2061
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components; primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: '123 MAIN STREET' is coded if the mailing address of the physician is 123 Main Street.

Specifications:

1. This element consists of the mailing address for business correspondence of the physician.

Edits: 2061-011   Must contain a street address.
             2061-022   Requires a valid street address.

PHYSICIAN MAILING ADDRESS

Subset Number:	2062
Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exists.

Source: Data submitter

Type: String

Length: 55 positions or less

Value: N/A

Example: 'PO BOX 309' is coded if the mailing address of the physician is PO Box 309.

Specifications:
1. This element consists of the mailing address for business correspondence of the physician.

Edits: 2062-012   Requires a valid street address or blank.

PHYSICIAN MAILING ADDRESS

Subset Number:	2063
Subset Name:	City name
Definition:	The name of the municipality associated with the local Post Office for this address location.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 52 positions or less

Value: N/A

Example: 'MADISON' is coded when a service was performed in Madison, Wisconsin.

Specifications:
1. This element consists of the mailing address for business correspondence of the physician.

Edits: 2063-011   Must contain a city, town, or village name.
             2063-022   Requires a valid city, town, or village name.

PHYSICIAN MAILING ADDRESS

Subset Number:	2065
Subset Name:	State code
Definition:	A code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 2 positions

Value: N/A

Example: 'WI' is coded if the physician's mailing address is Wisconsin.

Specifications:

1. This element contains the postal code for the state of the physician's business correspondence mailing address.

Edits: 2065-011   Must be a valid state code.

PHYSICIAN MAILING ADDRESS

Subset Number:	2066
Subset Name:	ZIP code
Definition:	A code used to facilitate the delivery of mail.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 15 positions or less

Value: N/A

Example: '53575' is coded for the village of Oregon, Wisconsin.

Specifications:
1. This element contains the mailing address for business correspondence of the physician.
2. BHI will accept five-or nine-digit zip codes.
3. Do not include any punctuation in the zip code, e.g., no hyphen.

Edits: 2066-011   Must be a valid ZIP code.

PHYSICIAN'S PRACTICE GROUP AFFILIATION DATES

Subset Number: 2071

Subset Name: Starting date of affiliation

Definition: The date a physician formally joined the medical practice group.

Requirement: Required if information exists

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: April 12, 1998 would be recorded as '19980412'.

Specifications:
1. The first time a submitter sends initial development records, it is possible that a physician's effective date of affiliation with that practice group is unknown. If the date is unknown a blank may be submitted.
2. A submitter should make every effort to obtain a physician's effective date of affiliation when a record is sent to add to the physician information database.
3. The starting date of affiliation cannot occur later than the ending date of affiliation (No. 2072).

Edits: 2071-021   Must be a valid date in CCYYMMDD format or blank.
2071-042   Should not be before 1945.

PHYSICIAN'S PRACTICE GROUP AFFILIATION DATES

Subset Number:	2072
Subset Name:	Ending date of affiliation
Definition:	A date indicating a physician's disassociation from a medical practice group.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as '20011218'.

Specifications:

1. It is possible that the ending date of affiliation is unknown because a physician is still working for a practice group. The submitter should leave this element blank.
2. The ending date of affiliation cannot be earlier than the starting date of affiliation.

Edits: 2072-021   Must be a valid date in CCYYMMDD format or blank.
2072-031   Must be after the starting date of affiliation (No. 2071)

DATA DELEGATION DATES

Subset Number:	2081
Subset Name:	Starting date of data delegation
Definition:	Date that a physician signed her/his trading partner agreement.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as '20011218'.

Specifications:

1. The date that a physician signed her/his trading partner agreement to allow the data submitter to submit her/his POV service data.
2. The ending date of data delegation (No. 2082) cannot be earlier than the starting date of data delegation.
3. Must be reported to BHI before any POV service records for this physician can be accepted.

Edits: 2081-021 Must be a valid date in CCYYMMDD format or blank.
 2081-031 Must be after October 1, 2001.

DATA DELEGATION DATES

Subset Number:	2082
Subset Name:	Ending date of data delegation
Definition:	Date that a physician rescinded her/his trading partner agreement.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as '20011218'.

Specifications:
1. The date that a physician rescinded her/his trading partner agreement with this data submitter, ending the submitter-physician relationship.
2. The ending date of data delegation cannot be earlier than the starting date of data delegation.

Edits: 2082-021   Must be a valid date in CCYYMMDD format or blank.
            2082-041   Must be after the starting date of data delegation (No. 2081).

AFFIRMATION DELEGATION DATES

Subset Number:	2091
Subset Name:	Starting date of affirmation delegation
Definition:	Date that a physician delegates her/his affirmation process to a third party.
Requirement:	Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as '20011218'.

Specifications:
1. The date that a physician delegates her/his affirmation process to a third party.
2. The ending date of affirmation delegation (No. 2092) cannot be earlier than the starting date of affirmation delegation.

Edits: 2091-021   Must be a valid date in CCYYMMDD format or blank.

AFFIRMATION DELEGATION DATES

Subset Number: 2092

Subset Name: Ending date of affirmation delegation

Definition: Date that the affirmation delegation is terminated.

Requirement: Required if information exists.

Source: Data submitter

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 18, 2001 would be recorded as '20011218'.

Specifications:
1. The date that the affirmation delegation to this data submitter is terminated.
2. The ending date of affirmation delegation cannot be earlier than the starting date of affirmation delegation (No. 2091).

Edits: 2092-021 Must be a valid date in CCYYMMDD format or blank.
2092-041 Must be after the starting date of affirmation delegation (No. 2091).

APPENDIX E
POV Service Data Specifications and Edits

POV Service data describe the services delivered by licensed physicians, practicing in Wisconsin, in an outpatient office setting. They are the core data required by the Physician Office Visit data system. This appendix contains detailed specifications for each data element in the *POV Service* record.

E.1 Data Information

Reportable physician office visit data include procedures or services provided by Wisconsin physicians on an outpatient basis. Physicians are licensed medical professionals who hold one of two types of licenses from the State of Wisconsin:

- Doctor of Medicine
- Doctor of Osteopathy

Outpatient office settings include, but are not limited to, locations where place-of-service codes as defined by the Centers for Medicare and Medicaid Services[1] are:

- 11 (office visit)
- 22 (outpatient hospital)
- 25 (birthing center)
- 26 (military treatment facility)
- 31 (skilled nursing facility)
- 32 (nursing facility)
- 33 (custodial care facility)
- 34 (hospice)
- 50 (federally qualified health center)
- 53 (community mental health center)
- 60 (mass immunization center)
- 62 (comprehensive outpatient rehabilitation facility)
- 71 (state or local public health clinic)
- 72 (rural health clinic)
- 81 (independent laboratory)

The *POV Service* records to be submitted for each reporting period are **those reportable physician office visit services for which the "posting date" plus 60 calendar days falls within the reporting period**.

Each *POV Service* record reports one charge for one procedure or service performed by a physician. If multiple procedures are performed by a physician on one patient on the same day,

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[1] Formerly the Health Care Financing Administration (HCFA)

then a *POV Service* record **for each** charge/service/procedure should be created and transmitted to BHI.

Multiple *POV Service* records may be submitted in a file. All of the *POV Service* records must start with the beginning-of-record indicator 'POV'. No *Physician Affiliation* records may be included in a file with *POV Service* records.

The record sequence number represents a count of records. The first *POV Service* record in a file will have sequence number '1' and so on.

The *Encrypted Case Identifier*, *Patient Control/Account Number*, and *Medical Record or Chart Number* are used to identify records for purposes of editing and data analysis. BHI is prohibited from releasing these data to anyone other than the original data submitter.

The data elements that describe patient condition related to employment, auto accident, or other accident, *Whether a Patient is Pregnant,* the date of onset of current illness, injury or pregnancy, and the *First Date of Illness* should be reported when applicable and when the information exists in the data submitter's system. Similarly, the name and identification number of the referring physician should be reported when applicable and when the information exists in the data submitter's system.

At least one diagnosis or nature of illness or injury code is mandatory and up to eight are permitted if information exists. Diagnoses are reported as ICD-9-CM codes.

The *Date of Service* is the date on which the reported service or procedure was performed. If the *Charges* cover a service performed on more than one date, then a range of dates is reported, from the first to the last service date covered by the charge record.

The codes for procedures and services performed by physicians (and up to four code modifiers) use the CPT-4 and HCPCS conventions.

Note that there are two fields related to accepting assignment: one for *Assignment in General* and another describing *Medicare Assignment*. Both of these fields must be used when the primary or secondary payer is Medicare.

As required by statute, there are fields for both *Charges* ('service charge') and *Total Charge in a Claim* ('total charge'). The 'service charge' is an attribute of the service or procedure reported in the record. The 'total charge' is the amount of total charge presented in one claim, of which the 'service charge' is a component. If it is the only component, or if the charges for all other components of the claim cannot be assembled when constructing a *POV Service* record for transmission, then the 'total charge' may be equal to the 'service charge.'

The name and address of the facility where the service was rendered is the business name of the specific site of the office visit. If a medical practice group has more than one site, it is important to report the actual name and physical location of this subunit of the practice group. For example, report the name and address for the 'Southwest Family Clinic' and **not** the 'Southern

Wisconsin Medical Group' of which it is a part. The latter corporate entity or partnership and/or its headquarters' address would be identified in the *Physician's Affiliation* data.

If the billing physician or supplier is a physician, then a series of fields is used to report the full legal name, business address, *NPI*, *EIN*, and *UPIN* identifiers of that physician. On the other hand, if it is a supplier (i.e., a practice group or organization providing medical care), then the full business name, address, and *EIN* as used on claims for payment are reported.

The performing physician's name and identification numbers are the full legal name of the physician who performed the service or procedure being reported, his or her *Wisconsin Physician License Number*, *NPI*, and the *EIN* of the physician's employer.

E.2 Record Layout

The required elements in a *POV Service* record are listed below by order of appearance in the record. The list contains the basic information for an element field: name, type, length, and edit number.

Every element field has a unique reference number for identification and editing purposes. The edit number for an element field is organized by the nature of the element and reflects its relationship with patient, payer, and health care service categories. The first digit of an edit number in a *POV Service* record is 3, 4, or 5, to indicate it applies to a field within the *POV Service* record. An edit number starting with '3' indicates that the element field contains record or patient information. An edit number starting with '4' indicates that the element field contains payer data. An edit number starting with '5' indicates that the element field contains service information.

The layout and components of the *POV Service* record is listed as follows:

Element/Subset Name	Order	Type	Length	Edit No.	Required
Beginning-of-record indicator	1	Rec.	3	3000	●
Record sequence number	2	Num.	≤12	3005	●
Transaction type identifier	3	String	1	3006	●
Record identification number	4	String	≤35	3007	●
Encrypted case identifier	5	String	5	3010	●
Patient control or account number	6	String	≤38	3020	●
Medical record or chart number	7	String	≤30	3030	●
Prior authorization number	8	String	≤30	3040	○
Patient's birth date	9	Date	8	3050	●
Patient's gender	10	String	1	3060	●
Patient ZIP code	11	String	≤15	3070	●

(*Continued…*)

POV Service Record Layout: Continued

Element/Subset Name	Order	Type	Length	Edit No.	Required
Patient condition related to employment, auto accident, or other accident					
Condition Related Cause 1	12	String	≤3	3081	○
Condition Related Cause 2	13	String	≤3	3082	○
Condition Related Cause 3	14	String	≤3	3083	○
Whether a patient is pregnant	15	String	1	3090	○
Date of current illness, injury, or pregnancy					
Onset of current symptom/illness	16	Date	8	3105	○
Date of accident	17	Date	8	3110	+
Date of last menstrual period	18	Date	8	3115	+
The first date of illness, if patient has had same or similar illness	19	Date	8	3130	○
Primary payer category code	20	String	2	4010	●
Secondary payer category code	21	String	2	4020	○
Name of referring physician					
Last name	22	String	≤35	4031	○[1]
First name	23	String	≤25	4032	○
Middle name	24	String	≤25	4033	○
Suffix	25	String	≤10	4035	○
Identification number of referring physician					
NPI	26	String	≤80	4051	○[2]
EIN	27	String	≤80	4052	○[2]
UPIN	28	String	≤30	4053	○[2]
Whether tests were sent to an outside lab	29	String	≤3	5010	○
Outside lab charges	30	Num.	≤18	5020	+
Diagnosis or nature of illness or injury					
Diagnosis 1 (Principal)	31	String	≤30	5031	●
Diagnosis 2	32	String	≤30	5032	○
Diagnosis 3	33	String	≤30	5033	○
Diagnosis 4	34	String	≤30	5034	○
Diagnosis 5	35	String	≤30	5035	○
Diagnosis 6	36	String	≤30	5036	○
Diagnosis 7	37	String	≤30	5037	○
Diagnosis 8	38	String	≤30	5038	○
Date of service	39	Date	≤35	5050	●

(*Continued…*)

POV Service Record Layout: Continued

Element/Subset Name	Order	Type	Length	Edit No.	Required
Place of service	40	String	2	5060	●
Codes for procedure, services, or supplies / type of service	41	String	≤48	5070	●
Modifiers					
Modifier 1	42	String	2	5091	○
Modifier 2	43	String	2	5092	○
Modifier 3	44	String	2	5093	○
Modifier 4	45	String	2	5094	○
Charges	46	Num.	≤18	5110	●
Days or units					
Measurement basis code	47	String	2	5131	●
Quantity	48	Num.	≤15	5132	●
Whether the provider accepts assignment					
Assignment in general	49	String	1	5151	●
Medicare assignment	50	String	1	5152	○
Total charge in a claim	51	Num.	≤18	5170	●
Name of facility where services were rendered					
Facility identifier	52	String	≤3	5181	●
Facility name	53	String	≤95	5182	●
Address of facility where services were rendered					
Street address 1	54	String	≤55	5191	●[3]
Street address 2	55	String	≤55	5192	○[4]
City name	56	String	≤52	5193	●
State code	57	String	2	5194	●
ZIP code	58	String	≤15	5195	●
Physician's and supplier's billing name					
Individual/organization indicator	59	String	1	5210	●
Last name/organization name	60	String	≤95	5211	●[1]
First name	61	String	≤25	5212	○
Middle name	62	String	≤25	5213	○
Suffix	63	String	≤10	5215	○
Physician's and supplier's billing address					
Street address 1	64	String	≤55	5231	●[3]
Street address 2	65	String	≤55	5232	○[4]

(*Continued…*)

POV Service Record Layout: Continued

Element/Subset Name	Order	Type	Length	Edit No.	Required
City name	66	String	≤52	5233	●
State code	67	String	2	5234	●
ZIP code	68	String	≤15	5235	●
Physician's and supplier's billing identification number					
NPI	69	String	≤80	5251	+[2]
EIN	70	String	≤80	5252	●[2]
UPIN	71	String	≤30	5253	+[2]
Performing physician's name					
Last name	72	String	≤35	5301	●[1]
First name	73	String	≤25	5302	○
Middle name	74	String	≤25	5303	○
Suffix	75	String	≤10	5305	○
Performing physician's identification number					
Wisconsin physician license number	76	String	≤30	5311	●
NPI	77	String	≤80	5312	●[2]
EIN	78	String	≤80	5315	○[2]
Performing physician's employer identification					
Organization Name	79	String	≤95	5321	●
EIN	80	String	≤80	5322	●[2]

- ● Mandatory
- ○ Required if information exists
- + Conditional
- [1] The complete name is required, in separate fields. If the physician does not use middle name and suffix, the middle name field and the suffix field may be left blank.
- [2] NPI, UPIN, and EIN numbers must be provided if issued to the physician.
- [3] A complete mailing address is required. Use street address 2 as necessary.
- [4] If both P.O. Box number and street address are used, P.O. Box number must be placed in street address 2.

E.3 Data Element Specifications and Edits

The purpose of data element specifications is to clarify the characteristics and contents of data elements needed in the POV data collection. The data element specifications are organized by the order of elements that are present on a record. Each data element is defined in detail on a data element specification sheet. The format for the specification sheets is illustrated in the following example:

- Element Name: The name of the data element assigned within Chapter 153, Wisconsin Statutes. It is always listed at the top of the specification sheet.

- Edit Number: Every data element has a unique edit number for further identification and editing purposes. The edit number for *POV Service* data always starts with '3', '4', or '5' to indicate it applies to a field within the *POV Service* record.

- Subset Name: An extended identification for data elements that is assigned to a specific category. If an element does not have any subset involved, the subset name will be the same as the element name.

- Definition: A narrative statement or coding consideration that defines the nature of a corresponding data element.

- Requirement: Data element requirements are of three types: mandatory, conditional, and required if information exists.

  - Mandatory: An element field is required.
  - Conditional: If one element specified in the condition is present, then its conditional elements must be present.
  - Required if information exists:
    An element needs to be present only if its information is available.

- Source: References and standards that are used for data collection. The X12N 837 Professional EDI standard (837004010x098) is used whenever possible.

- Type: The character feature of an element. The data element type includes:

  - Date: A date type is used to express the standard date with a CCYYMMDD format in which "CC" is century, "YY" is the calendar year, "MM" is the month, and "DD" is the day in the month.

      ❑   Numeric: A numeric element consisting of one or more digits representing a value in the normal base of 10. The value of a numeric element may include a decimal point. The abbreviation for this data type is "Num.".

      ❑   String: A string data element can be one (stand-alone) character or a sequence of any characters. Left justify character strings without leading spaces. The representation for this data element type is "Str.".

      ❑   Record: A string which is pre-defined for the identification of a record type. It is always located in the first field of a record. The representation for this data element type is "Rec.".

- Length: The character length of each data element. The value of the length is represented by the number of character positions used. Based on the nature of an element, each of the data elements is assigned a pre-specified length, with a maximum length if necessary.

- Value: Code that is used for a data element as well as definitions corresponding to the code.

- Example: Whenever possible, data elements are illustrated by an example.

- Specification: More detailed information for the data element, such as sources, applicability, code setting, and so forth.

- Edit(s):   Messages indicating the possibility of a field's violation concerning pre-specified data formats, coding, and values. Edits will not be used until a sufficient training period has been completed.

BEGINNING OF RECORD INDICATOR

Subset Number:	3000
Subset Name:	Beginning of record indicator
Definition:	Indication of the beginning of the POV Service record.
Requirement:	Mandatory

Source: Data submitter

Type: Record

Length: 3 positions

Value: 'POV'

Example: 'POV' would be coded for this field on the POV Service data record.

Specifications:
1. This element must be 'POV' to indicate the start of POV Service record.
2. A POV record can not be processed if the data delegation starting date (No. 2081) is unknown or invalid. In order to process the POV record, the submitter must supply a valid data delegation starting date (No. 2081) for the corresponding physician.
3. The date of service (No. 5050) of a POV record must occur before the data delegation ending date (No. 2082), when the data delegation starting date (No. 2081) is before the data delegation ending date (No. 2082) in the corresponding affiliation record.

Edits:

3000-011	Must be 'POV'.
3000-021	Must contain valid field delimiters for a POV record.
3000-031	Missing the end-of-record delimiter for a POV record.
3000-041	Can not be updated or deleted because the POV record does not exist or is affirmed.
3000-051	Must contain a valid data delegation starting date (No. 2081) before the record can be processed.
3000-061	Must have a valid data delegation status at the time when the date of service (No. 5050) occurred.
3000-071	Must have a corresponding Affiliation (AFF) record before the POV record can be processed.
3000-081	Can not be processed because the date of service (No. 5050) is not a valid date.

RECORD SEQUENCE NUMBER

Subset Number: 3005

Subset Name: Record sequence number

Definition: An integer that identifies the sequence of every record in the file.

Requirement: Mandatory

Source: Data submitter

Type: Numeric

Length: 12 positions or less

Value: N/A

Example: '58' indicates that the record is the 58th POV Service record after the Submitter
Transaction record.

Specifications:

1. This number must be a continuous integer, incremented by one for each
   successive record.
2. The number after the *POV Service* record will begin with a sequence of 1, 2, …,
   up to the last record of the file.
3. The record sequence number of contiguous records should be presented in a
   continuous form; otherwise, the possibility of missing records will be reported to
   data submitters.

Edits: 3005-021   Must be unique and in a continuous order.
               3005-041   Must be a positive integer.

TRANSACTION TYPE IDENTIFIER

Subset Number:	3006
Subset Name:	Transaction type identifier
Definition:	A code submitted on every row identifying the row as add, update, or delete.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 1 position

Value:

CODE	DEFINITION
A	Add new POV Service record
U	Update
D	Delete

Example: N/A

Specifications:

1. 'A' should be reported on the initial submission.
2. 'U' and 'D' are reported on all re-submissions, as applicable.
3. Failure to include a valid identification in a re-submission will create additional data processing and editing burden for the submitter.

Edits: 3006-011   Must be a valid code.

RECORD IDENTIFICATION NUMBER

Subset Number:	3007
Subset Name:	Record identification number
Definition:	A unique identifier of each record in the file.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 35 positions or less

Value: N/A

Example: N/A

Specifications:
1. A unique record identification number provided by the data submitter.
2. The record identification number is designed to enable data submitters and BHI to accurately retrieve and identify each individual record from both data submitters' and BHI's database.
3. Failure to include a valid identification in a re-submission process will create an additional data processing and editing burden for the submitter.

Edits: 3007-011   Must be unique within the submitted file.

ENCRYPTED CASE IDENTIFIER

Subset Number:	3010
Subset Name:	Encrypted case identifier
Definition:	An encrypted code based on a patient's last name and initial of first name. It is designed to help protect the confidentiality of a patient.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 5 positions

Value: See below

Example: See below

Specifications:

Character 1: The first letter of the last name.

Character 2-4: Characters 2, 3, and 4 are created by assigning numbers to each of the letters in the last name, beginning with the second letter. Numbers are assigned according to the table below. If the code for the third letter is the same as the second letter or results in a blank, the third letter is bypassed. This process continues until a number is produced which is different from the preceding number. If this process does not produce three non-zero numbers, then remaining positions are zero-filled. It is possible for a person's name to result in three zeros.

Encrypted Case Identifier Characters

Letters in Last Name	Number
B, F, P, Q, V	1
C, G, J, K, S, X, Z	2
D, T	3
L	4
M, N	5
R	6
A, E, H, I, O, U, W, Y	Blank

Character 5: The first letter of the first name.

ENCRYPTED CASE IDENTIFIER
(*Continued*)

Examples:

Mary Schwarzhoff:

- "S" is the first letter of the last name
- "chwarzhoff" yields "262" as the encrypted numbers.
- "M" is the first letter of the first name
- Result of encryption: 'S262M'

Last Name	Number Assigned	Code
C	2	2
H	Blank	
W	Blank	
A	Blank	
R	6	6
Z	2	2
H	Blank	
O	Blank	
F	1	
F	1	

John Ross:

- "R" is the first letter of the last name
- "oss" yields "200" as the encrypted numbers.
- "J" is the first letter of the first name
- Result of encryption: 'R200J'

Last Name	Number Assigned	Code
O	Blank	
S	2	2
S	2	

ENCRYPTED CASE IDENTIFIER
(*Continued*)

I. M. Sartori:

- "S" is the first letter of the last name
- "artori" yields "636" as the encrypted numbers.
- "I" is the first letter of the first name
- Result of encryption: 'S636I'

Last Name	Number Assigned	Code
A	Blank	
R	6	6
T	3	3
O	Blank	
R	6	6
I	Blank	

Edits: 3010-011 Must contain 5 positions.
3010-021 The first position must be a letter.
3010-031 The last position must be a letter.
3010-041 The second, third, and fourth positions must be numeric.

PATIENT CONTROL/ACCOUNT NUMBER

Subset Number:	3020
Subset Name:	Patient control/account number
Definition:	Patient's unique number assigned by a facility to retrieve individual case records and to post payments.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2300 Segment CLM Ref. Des. CLM01; or,
2. Loop 2400 Segment REF Ref. Des. REF01.

Type: String

Length: 38 positions or less

Value: Assigned by health or medical service providers

Example: N/A

Specifications:
1. Patient control/account number is often used when a facility needs a patient identifier in addition to the patient medical record number to retrieve billing or medical reports.
2. Patient control/account number is sometimes identical to patient medical record or chart number if a facility does not distinguish these numbers.

Edits: 3020-011   Must be a patient control/account number.

MEDICAL RECORD OR CHART NUMBER

Subset Number:	3030
Subset Name:	Medical record or chart number
Definition:	Number assigned to the patient's medical/health record by health/medical providers that uniquely identifies the patient or patient stay in a way that allows information to be linked to the medical chart.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2300 Segment REF Ref. Des. REF02; or,
2. Loop 2400 Segment REF Ref. Des. REF02.

Type: String

Length: 30 positions or less

Value: No specific value is assigned.

Example: XYZ123-456.789

Specifications:
1. A patient's medical record or chart number may be the same as her/his control or account number.

Edits: 3030-011   Must be medical record or chart number.

PRIOR AUTHORIZATION NUMBER

Subset Number:	3040
Subset Name:	Prior authorization number
Definition:	A number or code authorized by a payer indicating the services provided on this claim.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2300 Segment REF Ref. Des. REF02; or,
2. Loop 2400 Segment REF Ref. Des. REF02.

Type: String

Length: 30 positions or less

Value: Assigned by a medical service provider.

Example: N/A

Specifications:
1. This number needs to be entered if required by the payer and prior approval has been obtained from the payer or the payer's agent.
2. If the value is not applicable in a service, a blank or null can be coded in this field.
3. The reference qualifier (REF01) must equal 'G1' (see X12N 837 Professional EDI standard).

Edits: 3040-011   Must be a prior authorization number or blank.

PATIENT'S BIRTH DATE

Subset Number:	3050
Subset Name:	Patient's birth date
Definition:	The date on which the patient was born.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2010BA Segment DMG Ref. Des. DMG02 when the patient is the same as the subscriber; or,
2. Loop 2010CA Segment DMG Ref. Des. DMG02 when the patient is not the subscriber.

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)
'UNKNOWN' if patient birth date is unknown

Example: July 11, 1969 would be recorded as '19690711'.

Specifications:
1. Year of birth must contain four digits (CCYY). If only an age is known, the year of birth must be estimated.
2. Use 'UNKNOWN' only if birth date is not collected due to processing inapplicability in submitter's system. Please contact BHI before using it.
3. Date of birth cannot be after the date of service or the end-of-period date.
4. The age of a patient is examined for consistency with diagnostic codes on the basis of the annotations to the ICD-9-CM codes.

Edits: 3050-021   Must be a valid date in CCYYMMDD format or UNKNOWN.
3050-041   Must be before the date of service (No. 5050).
3050-062   Should be after 1895.
3050-071   Must be before the end-of-period date for the current reporting period.

PATIENT'S GENDER

Subset Number:	3060
Subset Name:	Patient's gender
Definition:	A code that indicates the gender or sex of the patient.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2010BA Segment DMG Ref. Des. DMG03 when the patient is the same as the subscriber; or
2. Loop 2010CA Segment DMG Ref. Des. DMG03 when the patient is not the subscriber.

Type: String

Length: 1 position

Value:

Code	Definition
M	Male
F	Female
U	Unknown

Example: This element is coded as 'F' when the patient is female.

Specifications:
1. Whenever the diagnosis or procedure is gender-specific, the gender code must be consistent with the annotations to the diagnostic and procedure codes.

Edits: 3060-011   Must be a valid code.

PATIENT'S ZIP CODE

Subset Number:	3070
Subset Name:	Patient's ZIP code
Definition:	A code used to facilitate the delivery of mail for the address of the patient's residence.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2010BA Segment N4 Ref. Des. N403 if the patient is the same as the subscriber; otherwise,
2. Loop 2010CA Segment N4 Ref. Des. N403.

Type: String

Length: 15 positions or less

Value: N/A

Example: '53575' is coded for the village of Oregon, Wisconsin.

Specifications:
1. This element has a field length of five digits, or nine digits if extended zip code is used.
2. The field should be zero-filled for persons with a residence outside the U.S.
3. For unknown ZIP codes, such as for patients with no known address, the field must contain the zip code of the clinic in which the patient was treated.
4. Do not include any punctuation in the ZIP code, e.g. no hyphen.

Edits: 3070-021   Must be valid ZIP code.

PATIENT CONDITION RELATED TO EMPLOYMENT, AUTO ACCIDENT, OR OTHER ACCIDENT

Subset Number: 3081

Subset Name: Condition related cause 1

Definition: Indicates whether the patient alleges that his/her medical condition is due to the environment or events resulting from employment, the result of an auto accident, and/or the result of other accident.

Requirement: Required if information exists.

Source: *X12N 837 004010x098*: Loop 2300 Segment CLM Ref. Des. CLM11-1.

Type: String

Length: 3 positions or less

Value:

Code	Definition
EM	Employment
AA	Auto Accident
OA	Other Accident

Example: 'AA' is coded when a patient is injured in an auto accident.

Specifications:

1. This element should contain one of the above codes identifying if the patient condition is related to employment, auto accident or other accident.
2. If more than one code applies, then additional codes should be submitted in the next two fields (i.e., element numbers 3082 and 3083).

Edits: 3081-011   Must be a valid code or blank.

   3081-031   If this element is equal to 'EM', 'AA', or 'OA' then the date of accident (No. 3110) must not be blank.

PATIENT CONDITION RELATED TO EMPLOYMENT, AUTO ACCIDENT, OR OTHER ACCIDENT

Subset Number:	3082
Subset Name:	Condition related cause 2
Definition:	Indicates whether the patient alleges that his/her medical condition is due to the environment or events resulting from employment, the result of an auto accident, and/or the result of other accident.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2300 Segment CLM Ref. Des. CLM11-2.

Type: String

Length: 3 positions or less

Value:

Code	Definition
EM	Employment
AA	Auto Accident
OA	Other Accident

Example: 'AA' is coded when a patient is injured in an auto accident.

Specifications:

1. This element should contain one of the above codes identifying if the patient condition is related to employment, auto accident or other accident.

Edits:

3082-011	Must be a valid code or blank.
3082-031	If this element contains a valid code, Condition Related Cause 1 (No. 3081) must have a valid code.
3082-041	If this element is equal to 'EM', 'AA', or 'OA' then the date of accident (No. 3110) must not be blank.

PATIENT CONDITION RELATED TO EMPLOYMENT, AUTO ACCIDENT, OR OTHER ACCIDENT

Subset Number:	3083
Subset Name:	Condition related cause 3
Definition:	Indicates whether the patient alleges that his/her medical condition is due to the environment or events resulting from employment, the result of an auto accident, and/or the result of other accident.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2300 Segment CLM Ref. Des. CLM11-3.

Type: String

Length: 3 positions or less

Value:

Code	Definition
EM	Employment
AA	Auto Accident
OA	Other Accident

Example: 'AA' is coded when a patient is injured in an auto accident.

Specifications:

1. This element should contain one of the above codes identifying if the patient condition is related to employment, auto accident or other accident.

Edits:

3083-011	Must be a valid code or blank.
3083-031	If this element contains a valid code, Condition Related Cause 1 (No. 3081) or Cause 2 (No. 3082) must have a valid code.
3083-041	If this element is equal to 'EM', 'AA', or 'OA' then the date of accident (No. 3110) must not be blank.

WHETHER A PATIENT IS PREGNANT

Subset Number: 3090

Subset Name: Whether a patient is pregnant

Definition: Indicates whether a patient is pregnant or not.

Requirement: Required if information exists.

Source: *X12N 837 004010x098*.   Loop 2000C Segment PAT Ref. Des. PAT09

Type: String

Length: 1 positions

Value: Code   Definition
    Y   Yes, the patient is pregnant
    N   No, this patient is not pregnant

Example: 'Y' is coded when a patient is pregnant.

Specifications:
1. If this field is coded as 'Y', the patient has to be female.

Edits: 3090-011   Must be a valid code or blank.
    3090-021   If this element is equal to 'Y', then patient's gender (No. 3060) must equal 'F'.
    3090-031   If this element is equal to 'Y', then date of pregnancy or last menstrual period (No. 3115) must not be blank.

DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY

Subset Number:	3105
Subset Name:	Date of onset of current symptom/illness
Definition:	The date the current symptom/illness first started.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
   1. Loop 2300 Segment DTP Ref. Des. DTP03; or,
   2. Loop 2400 Segment DTP Ref. Des. DTP03.

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: December 15, 1984 would be recorded as '19841215'.

Specifications:
   1. Date of current illness must be a valid date and cannot be after the procedure, date of service, or end-of-period date.

Edits:
	3105-021	Must be a valid date in CCYYMMDD format or blank.
	3105-041	Must be after the patient's birth date (No.3050).
	3105-051	Must be before the date of service (No. 5050).
	3105-071	Must be before the end-of-period date for the current reporting period.

DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY

Subset Number:	3110
Subset Name:	Date of accident
Definition:	The date the accident/injury occurred.
Requirement:	Conditional

Source: *X12N 837 004010x098*:
1. Loop 2300 Segment DTP Ref. Des. DTP03; or,
2. Loop 2400 Segment DTP Ref. Des. DTP03.

Type: Date

Length: 8 positions

Value: CCYYMMDD

Example: July 11, 2001 would be recorded as '20010711'.

Specifications:
1. Date of injury must be a valid date and cannot be after the procedure, date of service, or end-of-period date.

Edits:.   3110-021   Must be a valid date in CCYYMMDD format or blank.
3110-041   Must be after the patient's birth date (No. 3050).
3110-051   Must be before the date of service (No. 5050).
3110-071   If this element is not blank, one of the patient condition causes (No. 3081, 3082, or 3083) must be 'AA', 'OA', or 'EM'.
3110-081   Must be before the end-of-period date for the current reporting period.

DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY

Subset Number: 3115

Subset Name: Date of pregnancy or last menstrual period

Definition: The date patient's pregnancy began or date of last menstrual period.

Requirement: Conditional

Source: *X12N 837 004010x098*.
1. Loop 2300 Segment DTP Ref. Des. DTP03; or,
2. Loop 2400 Segment DTP Ref. Des. DTP03.

Type: Date

Length: 8 positions

Value: CCYYMMDD

Example: August 15, 2001 would be recorded as '20010815'.

Specifications:
1. Date of pregnancy must be a valid date and cannot be after the procedure, date of service, or end-of-period date.

Edits: 3115-021   Must be a valid date in CCYYMMDD format or blank.
3115-041   Must be after the patient's birth date (No.3050).
3115-051   Must be before the date of service (No. 5050).
3115-061   Must not be blank if the patient is pregnant (i.e., No. 3090 is equal to 'Y').
3115-071   Must be before the end-of-period date for the current reporting period.
3115-081   The date must not be after the file creation date (No. 1013).

**FIRST DATE OF ILLNESS,
IF PATIENT HAS SAME OR SIMILAR ILLNESS**

Subset Number:	3130
Subset Name:	First date of illness, if patient has same or similar illness
Definition:	The first date that the patient experienced symptoms similar or identical to those for which services submitted for this charge were rendered.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
  1. Loop 2300 Segment DTP Ref. Des. DTP03; or,
  2. Loop 2400 Segment DTP Ref. Des. DTP03.

Type: Date

Length: 8 positions

Value: CCYYMMDD (i.e., century, year, month, day)

Example: October 23, 1997 would be recorded as '19971023'.

Specifications:
  1. First date of illness or similar symptom must be a valid date and cannot be after the procedure, date of service, or end-of-period date.

Edits: 3130-021   Must be a valid date in CCYYMMDD format or blank.
  3130-041   Must be after the patient's birth date (No. 3050).
  3130-051   Must be before the date of service (No. 5050).
  3130-061   Must not be after the end-of-period date for the current reporting period.

PRIMARY PAYER CATEGORY CODE

Subset Number:	4010
Subset Name:	Primary payer category code
Definition:	Indicates the payer(s)' involvement with and/or liability for this claim.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2000B Segment SBR Ref. Des. SBR09; or,
2. Loop 2320 Segment SBR Ref. Des. SBR09.

Type: String

Length: 2 positions or less

Value:

Code	Definition
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Tricare/CHAMPUS
CI	Commercial Insurance Company
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Administration Plan
WC	Worker's Compensation Health Claim
ZZ	Mutually Defined; Unknown

Example: 'CI' is coded when primary payer category is a commercial insurance company.

PRIMARY PAYER CATEGORY CODE
(*Continued*)

Specifications:

      1. This element identifies the type of the claim submitted.

Edits: 4010-011   Must be a valid code.

SECONDARY PAYER CATEGORY CODE

Subset Number:	4020
Subset Name:	Secondary payer category code
Definition:	Indicates the payer(s)' involvement with and/or liability for this claim.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2000B Segment SBR Ref. Des. SBR09; or,
2. Loop 2320 Segment SBR Ref. Des. SBR09.

Type: String

Length: 2 positions or less

Value:

Code	Definition
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Tricare/CHAMPUS
CI	Commercial Insurance Company
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Administration Plan
WC	Worker's Compensation Health Claim
ZZ	Mutually Defined; Unknown

Example: 'MB' is coded when primary payer category is Medicare Part B.

Specifications:
1. This element identifies the type of the claim submitted.

SECONDARY PAYER CATEGORY CODE
(*Continued*)

Edits: 4020-011   Must be a valid code.

4020-031   If this element is not blank, then the primary payer category code (No. 4010) must not be blank.

NAME OF REFERRING PHYSICIAN

Subset Number:	4031
Subset Name:	Last Name
Definition:	The last name or surname of the referring physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310A Segment NM1 Ref. Des. NM103; or,
2. Loop 2420F Segment NM1 Ref. Des. NM103 if 2310A NM103 does not exist.

Type: String

Length: 35 positions or less

Value: No specific value is assigned

Example: 'BEETHOVEN' is coded if the physician's last name is Beethoven.

Specifications:
1. Last name is to be provided for each referring physician.
2. A valid last name consists of characters between A and Z, and may include a hyphen or a space.

Edits: 4031-011   Must be in a valid last name format or blank.

NAME OF REFERRING PHYSICIAN

Subset Number: 4032

Subset Name: First Name

Definition: The first name or given name used by the referring physician.

Requirement: Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310A Segment NM1 Ref. Des. NM104; or,
2. Loop 2420F Segment NM1 Ref. Des. NM104 if 2310A NM104 does not exist.

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: 'LAURA' is coded if the physician's first name is Laura.

Specifications:
1. First name is to be provided for each referring physician.
2. A valid first name consists of characters between A and Z, and may include a hyphen or a space.

Edits: 4032-011   Must be in a valid first name format or blank.

NAME OF REFERRING PHYSICIAN

Subset Number:	4033
Subset Name:	Middle Name
Definition:	The middle name is an additional name other than the first name and surname used by the referring physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310A Segment NM1 Ref. Des. NM105; or,
2. Loop 2420F Segment NM1 Ref. Des. NM105 if 2310A NM105 does not exist.

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: 'JEAN' is coded if the referring physician's middle name is Jean.

Specifications:
1. Middle name is to be provided for each referring physician, where applicable.
2. A valid middle name consists of characters between A and Z, and may include a hyphen or a space.

Edits: 4033-011   Must be in a valid middle name format or blank.

NAME OF REFERRING PHYSICIAN

Subset Number: 4035

Subset Name: Suffix

Definition: The suffix is additional descriptive information applied to the entire name and appended to the last name of the referring physician.

Requirement: Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310A Segment NM1 Ref. Des. NM107; or,
2. Loop 2420F Segment NM1 Ref. Des. NM107 if 2310A NM107 does not exist.

Type: String

Length: 10 positions or less

Value: No specific value is assigned

Example: 'JR' is coded if the referring physician is a Junior.

Specifications:
1. Suffix is to be provided for each referring physician, where applicable.
2. Do not submit credentials in this field (e.g., MD, DR, Ph.D.).

Edits: N/A

IDENTIFICATION NUMBER OF REFERRING PHYSICIAN

Subset Number:	4051
Subset Name:	NPI
Definition:	National Provider Identifier. A unique identification number for health care providers that will be used by all health plans.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310A Segment NM1 Ref. Des. NM109; or,
2. Loop 2420F Segment NM1 Ref. Des. NM109 if 2310A NM109 does not exist.

Type: String

Length: 80 positions or less

Value: Issued by the National Provider System

Example:

Specifications:
1. A unique NPI will be assigned to each physician.
2. The NPI is an 8-position alphanumeric identifier. The eighth position is an International Standards Organization-approved check-digit, which will allow a calculation to detect keying or transmission errors.
3. The use of NPI will be fully implemented under HIPAA. In some instances an NPI may have already been assigned.
4. If an NPI has not been assigned please submit a surrogate NPI. Examples of surrogate NPIs are listed below:

RES00000	this code is for interns and residents
RET00000	this code is for retired physicians
VAD00000	this code applies to physicians serving the Department of Veterans Affairs or the U.S. Armed Services
PHS00000	physicians serving Public Health or Indian Health services may use this code
OTH00000	physicians that do not meet any of the above criteria may use this code

If additional information on surrogate NPIs is needed, please go to the CMS web site http://www.cms.hhs.gov.

Edits: 4051-011   Must be in a valid NPI format or blank.

IDENTIFICATION NUMBER OF REFERRING PHYSICIAN

Subset Number:	4052
Subset Name:	EIN
Definition:	A number that uniquely identifies an Organization to the Federal Internal Revenue Services.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310A Segment NM1 Ref. Des. NM109; or,
2. Loop 2420F Segment NM1 Ref. Des. NM109 if 2310A NM109 does not exist.

Type: String

Length: 80 positions or less

Value: Assigned by a provider's employer

Example: N/A

Specifications:
1. This number should be identical to the IRS Employer ID Number of a physician's employer. It is also known as Federal Tax ID number.
2. If a physician is self-employed, the group practice number should be her/his Federal Tax ID number.
3. Do not include any punctuation in this field, e.g., a hyphen.

Edits: 4052-011   Must be in a valid EIN format or blank.

IDENTIFICATION NUMBER OF REFERRING PHYSICIAN

Subset Number:	4053
Subset Name:	UPIN
Definition:	Unique Physician Identification Number. A number assigned by the Centers for Medicare and Medicaid Services.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310A Segment REF Ref. Des. REF02; or,
2. Loop 2420F Segment REF Ref. Des. REF02 if 2310A REF02 does not exist.

Type: String

Length: 30 positions or less

Value: Issued by the UPIN Federal Registry

Example: N/A

Specifications:
1. COBRA 85 required HCFA to establish a unique identifier for all physicians, as defined in 1861r of the Social Security Act, paid under Title XVIII. Because there was no legal authority to use the Social Security Number, HCFA created the UPIN, a six-place alpha/numeric identifier.
2. As of January 1, 1992, physicians are required to code the UPIN of the referring or ordering physician on the HCFA-1500.

Edits: 4053-011   Must be in a valid UPIN format or blank.

WHETHER TESTS WERE SENT TO AN OUTSIDE LAB

Subset Number:	5010
Subset Name:	Whether tests were sent to an outside lab
Definition:	A code to indicate whether or not the laboratory work was performed outside the provider's office.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310D Segment NM1 Ref. Des. NM101; or,
2. Loop 2300 Segment CLM Ref. Des. CLM05-1; or,
3. Loop 2400 Segment SV1 Ref. Des. SV105; or,
4. Loop 2330G Segment NM1 Ref. Des. NM101; or,
5. Loop 2310C Segment NM1 Ref. Des. NM101; or,
6. Loop 2300 Segment AMT Ref. Des. AMT02; or
7. Loop 2400 Segment PS1 Ref. Des. PS102.

Type: String

Length: 3 positions or less

Value:

Code	Definition
LI	Yes, tests were sent to an independent lab
TL	Yes, tests were sent to an outside lab
81	Yes, tests were sent to an independent lab

Example: N/A

Specifications:
1. This field can be blank or null if there were no lab tests involved in the service.

Edits: 5010-011   Must be a valid code or blank.

5010-021   Must not be blank if outside lab charge (No. 5020) is not blank.

OUTSIDE LAB CHARGE

Subset Number:	5020
Subset Name:	Outside lab charge
Definition:	The amount of charge from an outside lab if tests were performed outside the provider's office.
Requirement:	Conditional

Source: *X12N 837 004010x098*:
> 1. Loop 2300 Segment AMT Ref. Des. AMT02; or,
> 2. Loop 2400 Segment PS1 Ref. Des. PS102.

Type: Numeric

Length: 18 positions or less

Value: N/A

Example: '123.45' is coded when the charge is 123 dollars and 45 cents.

Specifications:
1. This field can be blank or null if there were no lab tests involved in the service.
2. The amount of charge should have two decimals when the charge was not an even dollar amount.
3. Decimals after the second-decimal position will be removed when the charge is loaded into the POV database.

Edits:

5020-011	Must be a positive numerical value.
5020-021	If whether tests were sent to an outside lab (No. 3010) is either 'LI', 'TL', or '81', this element must not be blank.
5020-031	Must include two numbers after the decimal if the charge is not an even dollar amount.
5020-042	The amount of charge should not exceed $10,000.

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5031
Subset Name:	Diagnosis 1 (Principal)
Definition:	Principal diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Mandatory

Source: *X12N 837 004010x098*: Loop 2300 Segment HI Ref. Des. HI01-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications:
1. ICD-9-CM codes are composed of three-, four-, and five-digit codes. Use of the fourth or fifth digit is optional. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
2. When the principal diagnosis is gender- or age-specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.
3. Do not include any punctuation (such as a period) in the diagnosis.

Edits: 5031-011   Must be a valid ICD-9-CM code.
  5031-021   Must be consistent with a patient's gender (No. 3060).
  5031-031   Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5032
Subset Name:	Diagnosis 2
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2300 Segment HI Ref. Des. HI02-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications:
1. ICD-9-CM codes are composed of three-, four-, and five-digit codes. Use of the fourth or fifth digit is optional. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
2. When the diagnosis is gender- or age-specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.
3. Do not include any punctuation (such as a period) in the diagnosis.

Edits:
5032-011	Must be a valid ICD-9-CM code or blank.
5032-021	Must be consistent with a patient's gender (No. 3060).
5032-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5033
Subset Name:	Diagnosis 3
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2300 Segment HI Ref. Des. HI03-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications:
1. ICD-9-CM codes are composed of three-, four-, and five-digit codes. Use of the fourth or fifth digit is optional. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
2. When the diagnosis is gender- or age-specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.
3. Do not include any punctuation (such as a period) in the diagnosis.

Edits:
	5033-011	Must be a valid ICD-9-CM code or blank.
	5033-021	Must be consistent with a patient's gender (No. 3060).
	5033-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5034
Subset Name:	Diagnosis 4
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2300 Segment HI Ref. Des. HI04-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications:
1. ICD-9-CM codes are composed of three-, four-, and five-digit codes. Use of the fourth or fifth digit is optional. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
2. When the diagnosis is gender- or age-specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.
3. Do not include any punctuation (such as a period) in the diagnosis.

Edits:
	5034-011	Must be a valid ICD-9-CM code or blank.
	5034-021	Must be consistent with a patient's gender (No. 3060).
	5034-031	Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5035

Subset Name:	Diagnosis 5
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:   Loop 2300 Segment HI Ref. Des. HI05-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications:
1. ICD-9-CM codes are composed of three-, four-, and five-digit codes. Use of the fourth or fifth digit is optional. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
2. When the diagnosis is gender- or age-specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.
3. Do not include any punctuation (such as a period) in the diagnosis.

Edits:
5035-011 Must be a valid ICD-9-CM code or blank.
5035-021 Must be consistent with a patient's gender (No. 3060).
5035-031 Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5036
Subset Name:	Diagnosis 6
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:   Loop 2300 Segment HI Ref. Des. HI06-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications:
1. ICD-9-CM codes are composed of three-, four-, and five-digit codes. Use of the fourth or fifth digit is optional. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
2. When the diagnosis is gender- or age-specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.
3. Do not include any punctuation (such as a period) in the diagnosis.

Edits: 5036-011   Must be a valid ICD-9-CM code or blank.
             5036-021   Must be consistent with a patient's gender (No. 3060).
             5036-031   Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5037
Subset Name:	Diagnosis 7
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:   Loop 2300 Segment HI Ref. Des. HI07-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications:
1. ICD-9-CM codes are composed of three-, four-, and five-digit codes. Use of the fourth or fifth digit is optional. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
2. When the diagnosis is gender- or age-specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.
3. Do not include any punctuation (such as a period) in the diagnosis.

Edits: 5037-011   Must be a valid ICD-9-CM code or blank.
5037-021   Must be consistent with a patient's gender (No. 3060).
5037-031   Must be consistent with a patient's age (No. 3050).

DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

Subset Number:	5038
Subset Name:	Diagnosis 8
Definition:	Additional diagnosis code used to identify a diagnosed medical condition based on the nature of a patient's illness or injury.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:   Loop 2300 Segment HI Ref. Des. HI08-2

Type: String

Length: 30 positions or less

Value: Diagnoses should be coded according to the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Example: See ICD-9-CM references (until ICD-10-CM is implemented)

Specifications:

1. ICD-9-CM codes are composed of three-, four-, and five-digit codes. Use of the fourth or fifth digit is optional. If they are present in the ICD-9-CM, they must be used or the code will be rejected as invalid.
2. When the diagnosis is gender- or age-specific, a patient's gender or age must be consistent with the ICD-9-CM code. Consistency is determined by the annotations to the ICD-9-CM code.
3. Do not include any punctuation (such as a period) in the diagnosis.

Edits: 5038-011   Must be a valid ICD-9-CM code or blank.
5038-021   Must be consistent with a patient's gender (No. 3060).
5038-031   Must be consistent with a patient's age (No. 3050).

DATES OF SERVICE

Subset Number:	5050
Subset Name:	Dates of service
Definition:	Date the service was rendered.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:   Loop 2400 Segment DTP Ref. Des. DTP03

Type: Date

Length: 35 positions or less

Value: CCYYMMDD (if from and to dates are the same)
CCYYMMDD-CCYYMMDD (if from and to dates are different)

Example:

Specifications:
1. If the date of service for a procedure spans more than one day, use a hyphen (-) to connect the beginning date and the ending date.

Edits: 5050-021   Must be a valid date in CCYYMMDD format or CCYYMMDD-CCYYMMDD format.
5050-031   Must be before the end-of-period date for the current reporting period.

PLACE OF SERVICE

Subset Number:	5060
Subset Name:	Place of service
Definition:	The type of setting where the service was rendered.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:   Loop 2400 Segment SV1 Ref. Des. SV105

Type: Numeric

Length: 2 positions

Value:

Code	Number
11	Doctor's Office
22	Outpatient Hospital
26	Military Treatment Facility
50	Federally Qualified Health Center
71	State or Local Public Health Clinic
72	Rural Health Clinic

Example: '11' is coded when the service was rendered at a doctor's office.

Specifications:

1. Although there are more than 27 codes for different places of service based on X12N 837 004010x098 standards, the current data collection only processes six place-of-service codes: 11, 22, 26, 50, 71, and 72.

Edits: 5060-011   Must be a valid code.

CODES FOR PROCEDURES, SERVICES, OR SUPPLIES / TYPE OF SERVICE

Subset Number:	5070
Subset Name:	Codes for procedures, services, or supplies / type of service
Definition:	Code describing a procedure performed for definitive treatment or to treat a complication rather than for diagnostic, exploratory, or therapeutic purposes.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:   Loop 2400 Segment SV1 Ref. Des. SV101-2

Type: String

Length: 48 positions or less

Value: Value is assigned based on the service performed by a physician according to CPT-4/HCPCS convention.

Example: 99231

Specifications:
1. Do not include any punctuation (such as a period) in the procedure code.

Edits: 5070-011   Must be a valid CPT-4 or HCPCS code.
              5070-031   Must be consistent with a patient's gender (No. 3060).
              5070-041   Must be consistent with patient's age (No. 3050).

MODIFIERS

Subset Number:	5091
Subset Name:	Modifier – 1
Definition:	The first indication of special circumstances related to the performance of the service.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2400 Segment SV1 Ref. Des. SV101-3
.

Type: String

Length: 2 positions

Value: Value is assigned based on the service performed by a physician.

Example: N/A

Specifications:
1. These modifiers are for codes for procedures, services, or supplies.
2. This code needs to be entered if required for proper adjudication of the service provided.

Edits: 5091-011   Must be a valid code or blank.
          5091-021   Must not be blank if modifier - 2 through modifier – 4 (No. 5092-5094) are not blank.

MODIFIERS

Subset Number:	5092
Subset Name:	Modifier – 2
Definition:	The second indication providing additional information about the circumstances related to the performance of the service.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:   Loop 2400 Segment SV1 Ref. Des. SV101-4

Type: String

Length: 2 positions

Value: Value is assigned based on the service performed by a physician.

Example: N/A

Specifications:
1. These modifiers are for codes for procedures, services, or supplies.
2. This code needs to be entered if required for proper adjudication of the service.

Edits: 5092-021   Must be a different value from that of the first modifier (No. 5091) or blank.
       5092-031   Must not be blank if modifier – 3 through modifier – 4 (No. 5093 – 5094) are not blank.

MODIFIERS

Subset Number:	5093
Subset Name:	Modifier – 3
Definition:	The third indication providing additional information about the circumstances related to the performance of the service.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:   Loop 2400 Segment SV1 Ref. Des. SV101-5

Type: String

Length: 2 positions

Value: Value is assigned based on the service performed by a physician.

Example: N/A

Specifications:
1. These modifiers are for codes for procedures, services, or supplies.
2. This code needs to be entered if required for proper adjudication of the service.

Edits: 5093-021   Must be a different value from that of the first two modifiers (No. 5091 and 5092) or blank.

5093-031   Must not be blank if modifier 4 (No. 5094) is not blank.

MODIFIERS

Subset Number:	5094

Subset Name:	Modifier – 4
Definition:	The fourth indication providing additional information about the circumstances related to the performance of the service.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2400 Segment SV1 Ref. Des. SV101-6

Type: String

Length: 2 positions

Value: Value is assigned based on the service performed by a physician.

Example: N/A

Specifications:
1. These modifiers are for codes for procedures, services, or supplies.
2. This code needs to be entered if required for proper adjudication of the service.

Edits: 5094-021 Must have a different value from the first three modifiers (No. 5091, 5092, and 5093) or blank.

CHARGES

Subset Number:	5110
Subset Name:	Charges
Definition:	The amount of charge related to a particular procedure or service.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:   Loop 2400 Segment SV1 Ref. Des. SV102

Type: Numeric

Length: 18 positions or less

Value: N/A

Example: '123.45' is coded when a charge of $123.45 dollars is indicated.

Specifications:
1. Two decimal places are required when the amount of charge is not an even dollar amount.
2. Decimals after the second-decimal position will be removed when the charge is loaded into the POV database.

Edits: 5110-011   Must be a positive numerical value.
             5110-021   Must include two numbers after the decimal point if the number is not an even dollar amount.

DAYS OR UNITS

Subset Number: 5131

Subset Name: Measurement basis code

Definition: A code indicating the units in which a value is being expressed, or a manner in which a measurement has been taken.

Requirement: Mandatory

Source: *X12N 837 004010x098*:   Loop 2400 Segment SV1 Ref. Des. SV103

Type: String

Length: 2 positions

Value:

Code	Definition
F2	International Unit
MJ	Minutes
UN	Unit

Example: 'UN' is coded when a measurement is based on the unit.

Specifications: N/A

Edits: 5131-011   Must be a valid code.

DAYS OR UNITS

Subset Number:	5132
Subset Name:	Quantity
Definition:	The estimated number of services for a procedure in days or units.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:   Loop 2400 Segment SV1 Ref. Des. SV104

Type: Numeric

Length: 15 positions or less

Value: N/A

Example: '12' is coded when the units of a service are equal to twelve.

Specifications:

1. Numeric value rounded off to the nearest whole number.

Edits: 5132-011   Must be a positive numerical value.

WHETHER THE PROVIDER ACCEPTS ASSIGNMENT

Subset Number:	5151
Subset Name:	Assignment in general
Definition:	The indication of whether the health care provider accepts assignment.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:   Loop 2300 Segment CLM Ref. Des. CLM08.

Type: String

Length: 1 position

Value:

Code	Definition
Y	Yes, insured or authorized person authorizes benefits to be assigned to the provider.
N	No, benefits have not been assigned to the provider.

Example: 'Y' is coded when the health care provider accepts assignment.

Specifications: N/A

Edits: 5151-011   Must be a valid code.

WHETHER THE PROVIDER ACCEPTS ASSIGNMENT

Subset Number: 5152

Subset Name: Medicare assignment

Definition: The indication of whether the health care provider accepts Medicare assignment.

Requirement: Required if information exists.

Source: *X12N 837 004010x098*:   Loop 2300 Segment CLM Ref. Des. CLM07.

Type: String

Length: 1 position

Value:

Code	Definition
A	Assigned
B	Assignment Accept
C	Not Assigned
P	Patient Refuses to Assign Benefits

Example: 'B' is coded when the health care provider accepts Medicare assignment.

Specifications: N/A

Edits:

5152-011	Must be a valid code or blank.
5152-031	Must be blank if neither the primary payer category code (No. 4010) nor the secondary payer category code (No. 4020) is equal to '16' or 'MB' (Medicare).
5152-041	Must not be blank if primary payer category code (No. 4010) is equal to '16' or 'MB'.
5152-051	Must not be blank if secondary payer category code (No. 4020) is equal to '16' or 'MB'.

TOTAL CHARGE

Subset Number: 5170

Subset Name: Total charge

Definition: The amount of total charge presented in one claim.

Requirement: Mandatory

Source: *X12N 837 004010x098*:   Loop 2300 Segment CLM Ref. Des. CLM02

Type: Numeric

Length: 18 positions or less

Value: N/A

Example: ‘543.21’ is coded when a total charge of $543.21 dollars is present in a claim.

Specifications:
1. Two decimal places are required when the amount of charge is not an even dollar amount.
2. Decimals after the second-decimal position will be removed when the charge is loaded into the POV database.

Edits: 5170-011   Must be a positive numerical value.
5170-021   Must include 2 numbers after the decimal if the number is not an even dollar amount.
5170-031   Must not be less than the service charge (No. 5110).

NAME OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5181
Subset Name:	Facility identifier
Definition:	The identification of the facility type.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2310D Segment NM1 Ref. Des. NM101; or,
2. Loop 2420C Segment NM1 Ref. Des. NM101

Type: String

Length: 3 positions or less

Value:

Code	Definition
77	Others
FA	Facility
LI	Independent Lab
TL	Testing Laboratory

Example: N/A

Specifications:
1. This element identifies the type of facility and should contain a valid code.

Edits: 5181-021   Must be a valid code.

NAME OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number: 5182

Subset Name: Facility Name

Definition: The legal or corporate name of the facility where the service was performed, used to identify or distinguish one business entity from another.

Requirement: Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2310D Segment NM1 Ref. Des. NM103; or,
2. Loop 2420C Segment NM1 Ref. Des. NM103.

Type: String

Length: 95 positions or less

Value: N/A

Example: N/A

Specifications:
1. This element contains the name of the facility where services were rendered.

Edits: 5182-011   Must not be blank.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5191
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
      1. Loop 2310D Segment N3 Ref. Des. N301; or,
      2. Loop 2420C Segment N3 Ref. Des. N301.

Type: String

Length: 55 positions or less

Value: N/A

Example: '123 MAIN STREET' is coded when the street address of the facility where service was rendered is 123 Main Street.

Specifications:
      1. The purpose of this field is for the mailing address.
      2. This field consists of the street address of the facility where service was rendered.

Edits:
	5191-011	Must contain a street address.
	5191-022	Requires a valid street address.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number: 5192

Subset Name: Street address 2

Definition: A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.

Requirement: Required if information exists

Source: *X12N 837 004010x098*:
1. Loop 2310D Segment N3 Ref. Des. N302; or,
2. Loop 2420C Segment N3 Ref. Des. N302.

Type: String

Length: 55 positions or less

Value: N/A

Example: 'PO BOX 309' is coded when the address of the facility where the service was performed is PO Box 309.

Specifications:
1. The purpose of this field is for the mailing address.

Edits: 5192-012   Requires a valid address or blank.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5193
Subset Name:	City name
Definition:	The name of the municipality associated with the local post office for the address where the service was rendered.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2310D Segment N4 Ref. Des. N401; or,
2. Loop 2420C Segment N4 Ref. Des. N401.

Type: String

Length: 52 positions or less

Value: N/A

Example: 'MADISON' is coded when a service was performed in Madison, Wisconsin.

Specifications:
1. This element contains the city where the facility in which the service was rendered is located.

Edits: 5193-011   Must contain a city, town, or village name.
         5193-022   Requires a valid city, town, or village name.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5194
Subset Name:	State code
Definition:	A code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2310D Segment N4 Ref. Des. N402; or,
2. Loop 2420C Segment N4 Ref. Des. N402.

Type: String

Length: 2 positions

Value: WI

Example: 'WI' is coded when a service was performed in Wisconsin.

Specifications:
1. This element contains the state where the facility in which the service was rendered is located.

Edits: 5194-011 Must be 'WI'.

ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED

Subset Number:	5195
Subset Name:	ZIP code
Definition:	A code used to facilitate the delivery of mail to the address where the service was rendered.
Requirement:	Mandatory

Source: *X12N 837 004010x098*:
1. Loop 2310D Segment N4 Ref. Des. N403; or,
2. Loop 2420C Segment N4 Ref. Des. N403.

Type: Numeric

Length: 15 positions or less

Value: N/A

Example: '53575' is coded for the village of Oregon, Wisconsin.

Specifications:
1. ZIP codes in the range of 53001 – 54999 are valid Wisconsin ZIP codes.
2. Do not include any punctuation (such as a hyphen) in the ZIP code.
3. BHI will accept five or nine digit ZIP codes.

Edits: 5195-011   Must be a valid Wisconsin ZIP code.

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number:	5210
Subset Name:	Individual/organization indicator
Definition:	Code qualifying the type of entity.
Requirement:	Mandatory

Source: *X12N 837 004010x098*: Loop 2010AA Segment NM1 Ref. Des. NM102.

Type: String

Length: 1 position

Value:

CODE	DEFINITION
1	Person
2	Non-person entity

Example: '1' is coded if the billing entity is a physician.

Specifications:

1. This code is used to qualify (NM103) whether a physician or an organization is doing the billing.

Edits: 5210-011   Must be a valid code.

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number: 5211

Subset Name: Last Name/Organization Name

Definition: The last name or surname of the billing physician; or this may be the official legal or corporate name used to identify or distinguish one business entity from another.

Requirement: Mandatory

Source: *X12N 837 004010x098*: Loop 2010AA Segment NM1 Ref. Des. NM103.

Type: String

Length: 95 positions or less

Value: No specific value is assigned

Example: 'BEETHOVEN' is coded if the billing physician's last name is Beethoven.

Specifications:
1. Last name is to be provided for each billing physician.
2. A valid last name of a billing physician consists of characters between A and Z, and may include a hyphen or a space.

Edits: 5211-011   Must contain a valid billing name.
5211-021   Must be in a valid last name format if the Individual/Organization Indicator (No. 5210) is equal to '1'.

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number: 5212

Subset Name: First Name

Definition: The first name is a given name used by the billing physician.

Requirement: Required if information exists.

Source: X12N 837 004010x098: Loop 2010AA Segment NM1 Ref. Des. NM104.

Type: String

Length: 25 positions or less

Value:

Example: 'LAURA' is coded if the billing physician's first name is Laura.

Specifications:
1. First name is to be provided for each billing physician.
2. A valid first name of a billing physician consists of characters between A and Z, and may include a hyphen or a space.

Edits: 5212-021   Must be in a valid first name format or blank if the Individual/Organization Indicator (No. 5210) is equal to '1'.

5212-031   Must be blank if the Individual/Organization Indicator (No. 5210) is equal to '2'.

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number:	5213
Subset Name:	Middle Name
Definition:	The middle name is an additional name other than the first name and surname of the billing physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2010AA Segment NM1 Ref. Des. NM104.

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: 'JEAN' is coded if the billing physician's middle name is Jean.

Specifications:
1. Middle name is to be provided for each billing physician's name, where applicable.
2. A valid middle name of a billing physician consists of characters between A and Z, and may include a hyphen or a space.

Edits: 5213-021   Must be blank if the Individual/Organization Indicator (No. 5210) is equal to '2'.

5213-031   Must be in a valid middle name format or blank if the Individual/Organization Indicator (No. 5210) is equal to '1'.

PHYSICIAN'S AND SUPPLIER'S BILLING NAME

Subset Number: 5215

Subset Name: Suffix

Definition: The suffix is additional descriptive information applied to the entire name and appended to the last name of the billing physician or supplier.

Requirement: Required if information exists.

Source: *X12N 837 004010x098*: Loop 2010AA Segment NM1 Ref. Des. NM107.

Type: String

Length: 10 positions or less

Value: No specific value is assigned

Example: 'JR' is coded if the billing physician is a Junior.

Specifications:
1. Suffix is to be provided for each billing physician, where applicable.
2. Do not submit credentials in this field (e.g., MD, DR, Ph.D.).

Edits: 5215-011   Must be blank if the Individual/Organization Indicator (No. 5210) is equal to '2'.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5231
Subset Name:	Street address 1
Definition:	A single data element typically composed of the following components: primary number, Pre-Directional, Street Name, Street Suffix, Post-Directional, Secondary Unit Indicator.
Requirement:	Mandatory

Source: *X12N 837 004010x098*: Loop 2010AA Segment N3 Ref. Des. N301.

Type: String

Length: 55 positions or less

Value: N/A

Example: '123 MAIN STREET' is coded when the billing physician's street address is 123 Main Street.

Specifications:
1. The purpose of this field is for the mailing address.
2. This field consists of the street address of the billing physician or billing supplier.

Edits: 5231-011   Must contain a street address.
          5231-022   Requires a valid street address.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5232

Subset Name:	Street address 2
Definition:	A single data element typically composed of one of the following components: PO Box, Highway Contract Route, or Rural Route Number.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*: Loop 2010AA Segment N3 Ref. Des. N302

Type: String

Length: 55 positions or less

Value: N/A

Example: 'PO BOX 309' is coded when the billing physician's address is PO Box 309.

Specifications:

1. This field consists of the street address of the billing physician or billing supplier, as needed.
2. If both P.O. Box number and street address are present, P.O. Box number must be in street address 2.

Edits: 5232-012   Requires a valid street address or blank.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5233
Subset Name:	City name
Definition:	The name of the municipality associated with the local post office for the address of the billing physician.
Requirement:	Mandatory

Source: *X12N 837 004010x098*: Loop 2010AA Segment N4 Ref. Des. N401

Type: String

Length: 52 positions or less

Value: N/A

Example: 'MADISON' is coded when the billing physician's address is in Madison, Wisconsin.

Specifications:

1. This element contains the city where the billing physician's or supplier's address is located.

Edits: 5233-011   Must contain a city, town, or village name.
              5233-022   Requires a valid city, town, or village name.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number:	5234
Subset Name:	State code
Definition:	A code used to identify the 50 U.S. states as defined by the Federal Information Processing Standard for Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas.
Requirement:	Mandatory

Source: *X12N 837 004010x098*: Loop 2010AA Segment N4 Ref. Des. N402

Type: String

Length: 2 positions

Value: N/A

Example: 'WI' is coded when the billing physician's address is located in Wisconsin.

Specifications:
1. This element contains the billing physician's or supplier's state.

Edits: 5234-011   Must be a valid state code.

PHYSICIAN'S AND SUPPLIER'S BILLING ADDRESS

Subset Number: 5235

Subset Name: ZIP code

Definition: A code used to facilitate the delivery of mail of the billing physician's address.

Requirement: Mandatory

Source: *X12N 837 004010x098*: Loop 2010AA Segment N4 Ref. Des. N403.

Type: Numeric

Length: 15 positions or less

Value: N/A

Example: '53575' is coded for the village of Oregon, Wisconsin.

Specifications:
1. BHI will accept five- or nine-digit zip codes.
2. Do not include any punctuation (such as a hyphen)in the zip code.

Edits: 5235-011   Must be a valid ZIP code.

BILLING PHYSICIAN'S IDENTIFICATION NUMBER

Subset Number:	5251
Subset Name:	NPI
Definition:	National Provider Identifier. A unique identification number for health care providers that will be used by all health plans.
Requirement:	Conditional

Source: *X12N 837 004010x098:* Loop 2010AA Segment NM1 Ref. Des. NM109.

Type: String

Length: 80 positions or less

Value: Issued by the National Provider System

Example: N/A

Specifications:

1. A unique NPI will be assigned to each physician.
2. The NPI is an 8-position alphanumeric identifier. The eighth position is an International Standards Organization-approved check-digit, which will allow a calculation to detect keying or transmission errors.
3. The use of NPI will be fully implemented under HIPAA. In some instances an NPI may have already been assigned.
4. If an NPI has not been assigned please submit a surrogate NPI. Examples of surrogate NPIs are listed below:

RES00000	this code is for interns and residents
RET00000	this code is for retired physicians
VAD00000	this code applies to physicians serving the Department of Veterans Affairs or the U.S. Armed Services
PHS00000	physicians serving Public Health or Indian Health services may use this code
OTH00000	physicians that do not meet any of the above criteria may use this code

If additional information on surrogate NPIs is needed, please go to the CMS web site http://www.cms.hhs.gov.

Edits: 5251-011   Must be in valid NPI format if the Individual/Organization Indicator (No. 5210) is equal to '1'.

PHYSICIAN'S AND SUPPLIER'S BILLING IDENTIFICATION NUMBER

Subset Number:	5252
Subset Name:	EIN
Definition:	Employer's Identification Number. A number that uniquely identifies an Organization to the Federal Internal Revenue Service.
Requirement:	Mandatory

Source: *X12N 837 004010x098:*
1. Loop 2010AA Segment NM1 Ref. Des. NM109; or,
2. Loop 2310B Segment NM1 Ref. Des. NM109; or,
3. Loop 2420A Segment NM1 Ref. Des. NM109.

Type: String

Length: 80 positions or less

Value: Issued by the U.S. Internal Revenue Service

Example: N/A

Specifications:
1. This element is the federal employer ID number of the billing provider's or supplier's employer. It is also known as the Federal Tax ID number.
2. If a physician is self-employed, the group practice number should be her/his Federal Tax ID number.
3. Do not include any punctuation in this field, i.e., no hyphen.

Edits: 5252-021   Must be in valid EIN format.

BILLING PHYSICIAN'S IDENTIFICATION NUMBER

Subset Number:	5253
Subset Name:	UPIN
Definition:	Unique Physician Identification Number. A physician identification assigned by the Centers for Medicare and Medicaid Services.
Requirement:	Conditional

Source: *X12N 837 004010x098:* Loop 2010AA Segment REF Ref. Des. REF02.

Type: String

Length: 30 positions or less

Value: Assigned by Federal UPIN Registry

Example: B54321

Specifications:
1. COBRA 85 required HCFA to establish a unique identifier for all physicians, as defined in 1861r of the Social Security Act, paid under Title XVIII. Because there was not legal authority to use the Social Security Number, HCFA created the UPIN, a six-place alpha/numeric identifier.
2. As of January 1, 1992, physicians are required to code the UPIN of the referring or ordering physician on the HCFA-1500.

Edits: 5253-011   Must be in a valid UPIN format or blank.

PERFORMING PHYSICIAN'S NAME

Subset Number:	5301
Subset Name:	Last Name
Definition:	Last name or surname of the performing physician.
Requirement:	Mandatory

Source: *X12N 837 004010x098:*
1. Loop 2310B Segment NM1 Ref. Des. NM103; or,
2. Loop 2420A Segment NM1 Ref. Des. NM103.

Type: String

Length: 35 positions or less

Value: N/A

Example: 'BEETHOVEN' is coded if the physician's last name is Beethoven.

Specifications:
1. Last name is to be provided for each performing physician.
2. A valid last name consists of characters between A and Z, and may include a hyphen or a space.

Edits: 5301-021   Must be in a valid last name format.

PERFORMING PHYSICIAN'S NAME

Subset Number: 5302

Subset Name: First Name

Definition: The first name is a given name used by the performing physician.

Requirement: Required if information exists.

Source: X12N 837 004010x098:
1. Loop 2310B Segment NM1 Ref. Des. NM104; or,
2. Loop 2420A Segment NM1 Ref. Des. NM104.

Type: String

Length: 25 positions or less

Value:

Example: 'LAURA' is coded if the physician's first name is Laura.

Specifications:
1. First name is to be provided for each performing physician.
2. A valid first name consists of characters between A and Z, and may include a hyphen or a space.

Edits: 5302-011   Must be in a valid first name format or blank.

PERFORMING PHYSICIAN'S NAME

Subset Number:	5303
Subset Name:	Middle Name
Definition:	The middle name is an additional name other than the first name and surname of the performing physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310B Segment NM1 Ref. Des. NM105; or,
2. Loop 2420A Segment NM1 Ref. Des. NM105.

Type: String

Length: 25 positions or less

Value: No specific value is assigned

Example: 'JEAN' is coded if the performing physician's middle name is Jean.

Specifications:
1. Middle name is to be provided for each performing physician, where applicable.
2. A valid middle name consists of one or more characters between A and Z, and may include a hyphen or a space.

Edits: 5303-011   Must be in a valid middle name format or blank.

PERFORMING PHYSICIAN'S NAME

Subset Number:	5305
Subset Name:	Suffix
Definition:	The suffix is additional descriptive information applied to the entire name and appended to the last name of the performing physician.
Requirement:	Required if information exists.

Source: *X12N 837 004010x098*:
1. Loop 2310B Segment NM1 Ref. Des. NM107; or,
2. Loop 2420A Segment NM1 Ref. Des. NM107.

Type: String

Length: 10 positions or less

Value: No specific value is assigned

Example: 'JR' is coded if the performing physician is a Junior.

Specifications:
1. Suffix is to be provided for each performing physician, where applicable.
2. Do not submit credentials in this field (e.g., MD, Dr., Ph.D.).

Edits: N/A

PERFORMING PHYSICIAN'S IDENTIFICATION NUMBER

Subset Number: 5311

Subset Name: Wisconsin physician license number

Definition: The physician license number assigned to the physician by the Wisconsin Department of Regulation and Licensing.

Requirement: Mandatory

Source: *X12N 837 004010x098:*
1. Loop 2310B Segment NM1 Ref. Des. NM109; or
2. Loop 2310B Segment REF Ref. Des. REF02; or
3. Loop 2420A Segment NM1 Ref. Des. NM109; or
4. Loop 2420A Segment REF Ref. Des. REF02.

Type: String

Length: 30 positions or less

Value: N/A

Example: '0099999' is coded if the Wisconsin physician license number is 0099999.

Specifications:
1. Only submit the seven-digit Wisconsin physician license number. Example: **0099999**-020. Each Wisconsin physician license number includes two leading zeros, five digits, a dash, and a three-digit specialty code. Use only the leading seven-digit portion of the Wisconsin physician license number that corresponds with the underlined portion of the example.

Edits: 5311-011 Must be a valid Wisconsin physician license number and pre-stored in BHI's Physician Affiliation database.

PERFORMING PHYSICIAN'S IDENTIFICATION NUMBER

Subset Number:	5312
Subset Name:	NPI
Definition:	National Provider Identifier. A unique identification number for health care providers that will be used by all health plans.
Requirement:	Mandatory

Source: *X12N 837 004010x098:*
    1. Loop 2310B Segment NM1 Ref. Des. NM109; or,
    2. Loop 2420A Segment NM1 Ref. Des. NM109.

Type: String

Length: 80 positions or less

Value: Issued by the National Provider System

Example: N/A

Specifications:
1. A unique NPI will be assigned to each physician.
2. The NPI is an 8-position alphanumeric identifier. The eighth position is an International Standards Organization-approved check-digit, which will allow a calculation to detect keying or transmission errors.
3. The use of NPI will be fully implemented under HIPAA. In some instances an NPI may have already been assigned.
4. If an NPI has not been assigned please submit a surrogate NPI. Examples of surrogate NPIs are listed below:

RES00000	this code is for interns and residents
RET00000	this code is for retired physicians
VAD00000	this code applies to physicians serving the Department of Veterans Affairs or the U.S. Armed Services
PHS00000	physicians serving public health organizations or Indian Health services may use this code
OTH00000	physicians that do not meet any of the above criteria may use this code

If additional information on surrogate NPIs is needed, please go to the CMS web site http://www.cms.hhs.gov.

Edits: 5312-011 Must be in valid NPI format.

EMPLOYER IDENTIFICATION NUMBER OF THE PERFORMING PROVIDER

Subset Number:	5315
Subset Name:	EIN
Definition:	Employer's Identification Number. A number that uniquely identifies an Organization to the Federal Internal Revenue Service.
Requirement:	Required if information exists

Source: *X12N 837 004010x098:*
1. Loop 2010AA Segment NM1 Ref. Des. NM109; or,
2. Loop 2310B Segment NM1 Ref. Des. NM109; or,
3. Loop 2420A Segment NM1 Ref. Des. NM109.

Type: String

Length: 80 positions or less

Value: N/A

Example: N/A

Specifications:
1. This number should be identical to the IRS Employer ID Number of a physician's employer. It is also known as Federal Tax ID number.
2. If a physician is self-employed, the group practice number should be her/his Federal Tax ID number.
3. Do not include any punctuation in this field, i.e., no hyphen.

Edits: 5315-011   Must be in valid EIN format.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number:	5321
Subset Name:	Organization name
Definition:	The legal or corporate name used to identify or distinguish one business entity from another.
Requirement:	Mandatory

Source: Data submitter

Type: String

Length: 95 positions or less

Value: N/A

Example: N/A

Specifications:

    1. This element contains the name of the performing physician's employer.

Edits: 5321-021   Must be a valid name.

PHYSICIAN'S PRACTICE GROUP INFORMATION

Subset Number: 5322

Subset Name: EIN

Definition: Employer's identification number. A number that uniquely identifies an Organization to the Federal Internal Revenue Service.

Requirement: Mandatory

Source: Data submitter

Type: String

Length: 80 positions or less

Value: Issued by the U.S. Department of the Treasury.

Example: N/A

Specifications:
1. This number should be identical to the IRS Employer ID Number of a physician's employer. It is also known as Federal Tax ID number.
2. If a physician is self-employed, the group practice number should be her/his Federal Tax ID number.
3. Do not include any punctuation in this field, i.e., no hyphen.

Edits: 5322-011   Must be in valid EIN format.

APPENDIX F
Data Submitter/Vendor Qualification Process

F.1 Data Submitter/Vendor Qualification Check List

A data submitter will be qualified to submit data to BHI's production environment after completing a four-step process. The four-step process consists of: (1) acquiring an authorized account to transmit data to BHI's POV system; (2) submitting test files for both *Physician Affiliation* data and *POV Service* data; (3) submitting *Physician Affiliation* data to BHI's production environment prior to submitting *POV Service* data; and, (4) submitting *POV Service* data to the production environment. BHI staff will answer questions during the qualification process. Each data submitter may use the following checklist to track its progress throughout this process:

1. ☐ **Notification** – Data submitter notifies BHI of the facility contacts for TPAs and the submission process.

2. ☐ **Training** - Data submitter has a copy of the POV data submission manual and attends a BHI POV data training session. (For training schedule visit BHI's Web site.)

3. ☐ **Accounts** - Data submitter obtains a data submitter account from BHI for one or more of the following:

    a. ☐ Bulletin Board System (BBS)

    b. ☐ Web-based transmission

    c. ☐ File transfer method

4. ☐ **Test Data** - Data submitter sends test files to BHI.

    a. ☐ *Physician Affiliation* test file (including a *Submitter Transaction* record)

    b. ☐ *POV Service* test file (including a *Submitter Transaction* record)

5. ☐ **Production Data** – Data submitter sends real *Physician Affiliation* and *POV Service* files to BHI.

    a. ☐ *Physician Affiliation* data (prior to *POV Service* data)

    b. ☐ *POV Service* data

F.2 Notice of Qualification

Once a data submitter has completed all of the above steps, BHI will notify the submitter, via e-mail, that it is qualified to submit data to the production environment. If access to production is denied, BHI will assist the data submitter in becoming qualified in advance of any compliance issues.

F.3 Responsibilities

A qualified data submitter has several responsibilities. Responsibilities may include but are not limited to the following:

1. Data submitters must supply evidence of a signed trading partner agreement for each physician included in POV data submission.
2. Data submitters must ensure the secure transmission of data to the Department.
3. Data submitters need to remain current with the most up-to-date version of the POV data submission manual guidelines.
4. Data submitters should review questionable data and summary reports.
5. When a data submitter requests an extension, the submitter must notify the physician(s) at least 10 calendar days prior to the data submission due date.
6. Data submitters must provide correct and up-to-date *Physician Affiliation* data for all physicians associated with their practice group.

APPENDIX G
Submission Acknowledgement Notification

The *Submission Acknowledgment Notification* is distributed by e-mail to inform data submitters that their submitted files were received by BHI. This e-mail applies to both the affiliation record (AFF) submission and the service record (POV) submission.

Data submitters should receive this notification shortly after a file is submitted to BHI. A statement "(1) POV Data Submission Received" or "(1) TEST POV Data Submission Received" will be included in the subject field of the email, depending on the environment to which the files are submitted.

G.1 Objectives

The *Submission Acknowledgment Notification* is used to inform data submitters that their submitted files were received by BHI. This notification does not include a summary, contact information, or information regarding the quality of the submission.

G.2 E-mail Notification

The *Submission Acknowledgment Notification* is sent to the contact person's e-mail address, which is extracted from the ST record of a submitted file. It is very important for data submitters to put the correct e-mail address of the contact person in the ST record in order to receive proper and timely notification. If this email notification is not received in 30 minutes after a file is submitted, data submitters should immediately contact the DHFS Service Desk for further assistance (see Section 6 for DHFS service desk information).

If the contact person's e-mail address is not available in the current file, the system will retrieve the contact person's e-mail address from the last submitted file and use it as the default contact address. However, there is no guarantee that the retrieval process will be successful when the e-mail address is not available in the submitted file.

G.3 Format and Content

The *Submission Acknowledgment Notification* has a pre-specified structure in an ASCII text format. Additionally, the date and time the submitted file was received will be printed in the content of the e-mail.

A submitted file will be renamed by appending the date/time stamp of when the file was received by BHI to the original file name. The objective of this file renaming is to ensure uniqueness for each submitted file in the system. An underscore sign will be placed between the original file name and the date/time stamp.

The environment to which the file was submitted can also be identified by the subject field of the e-mail notification. If a file is submitted to the testing environment, the subject field will read: "(1) TEST POV Data Submission Received." If a file is submitted to the production environment, the subject field will read: "(1) POV Data Submission Received."

The character "(1)" placed in the subject field indicates that this is the first e-mail notification issued by BHI concerning this file's submission.

Below is an example of the *Submission Acknowledgment Notification*.

        To: [Contact person's email address in the ST record]
        From: "Bureau of Health Information" <povdata@dhfs.state.wi.us>
        Subject: (1) TEST POV Data Submission Received
        Date/Time: [Date and time sending the email]

        BHI received your file transmission for Physician Office Visit data collection.
        The file was queued for processing Mon Feb 18 08:54:41 CST 2002.
        On receipt, a timestamp was appended to your original file name using the YYYYMMDDhmmss format.
        When processing is finished, a copy of this file using the new name "AFF_20020218085441.txt" will be placed in your download library.

        Please contact BHI if you have further questions about this POV data submission:
            E-mail: povdata@dhfs.state.wi.us
            Phone: (608) 267-6716
            Fax: (608) 264-9881

APPENDIX H
Initial Processing Notification

The *Initial Processing Notification* is distributed by e-mail to inform data submitters that their submitted files have been initially processed by BHI. This e-mail applies to both the affiliation record (AFF) submission and the service record (POV) submission.

Data submitters should receive this notification from BHI after the completion of the file-level and the record-level integrity examination. (As of this point in the process, a field-level integrity examination has not been performed.) A statement "**(2) POV Data Submission Processed**" or "**(2) TEST POV Data Submission Processed**" will appear in the subject field of the e-mail depending on the environment to which the files are submitted.

H.1 Objectives

The purpose of the *Initial Processing Notification* is to inform data submitters about the status of a submitted file. This notification includes summary results about the success or failure of the submission, plus information about the data submitter and the submitted file.

H.2 E-mail Notification

The *Initial Processing Notification* is sent to the contact person's e-mail address, which is extracted from the ST record of a submitted file. It is very important for data submitters to put the correct e-mail address of the contact person in the ST record in order to receive proper and timely notification.

If the contact person's e-mail address is not available in the current file, the system will retrieve the contact person's e-mail address from the last submitted file and use it as the default contact address. However, there is no guarantee that the retrieval process will be successful when the e-mail address is not available in the submitted file.

H.3 Format and Content

The *Initial Processing Notification* has a pre-specified structure in an ASCII text format. The processed date and time of the submitted file will also be printed in the content of the e-mail.

The environment to which the file was submitted can also be identified through the subject field of the e-mail notification. If a file is submitted to the testing environment, the subject field will read: "**(2) TEST POV Data Submission Processed**." If a file is submitted to the production environment, the subject field will read: "**(2) POV Data Submission Processed**."

The character "**(2)**" placed in the subject field indicates that this is the *second* e-mail notification issued by BHI for this file's submission.

The initial processing notification for a submitted file is connected to its *Submission Acknowledgement Notification* by matching the file name included in the content of both e-mail notifications.

In addition, a submitted file without any fatal file-level processing errors will be assigned a File/Submission ID used to reference reports generated by BHI later in the process. When a submitted file is found to have a fatal file-level processing error, no File/Submission ID will be assigned and no further reports will be generated.

Below is an example of the *Initial Processing Notification* for a submitted file with fatal file-level processing errors, resulting from an invalid file name. The data submitter can identify this submission based on the file name and date/time stamp included in the content of the e-mail.

> To: [Contact person's email address retrieved from the last submission]
> From: "Bureau of Health Information" <povdata@dhfs.state.wi.us>
> Subject: (2) POV Data Submission Processed
> Date/Time: [Date and time sending the email]
>
> BHI received your file transmission for Physician Office Visit data collection.
> The file "1-Aff-POV file_20020417071052.txt" was processed Wed Apr 17 07:11:13 CDT 2002.
>
> Data Submitter ID:
>   500
>
> File Name:
>   1-Aff-POV file_20020417071052.txt
>
> Processing Summary:
>   The file could not be processed due to an invalid file name.
>
> Contact person information:
>
> Please contact BHI if you have further questions about this POV data submission:
>   E-mail: povdata@dhfs.state.wi.us
>   Phone: (608)267-6716
>   Fax: (608)264-9881

Below is another example of the *Initial Processing Notification*. This notification is responding to a submission made by the data submitter whose submitter/vendor ID is 500. Since no file-level processing errors were found, a File/Submission ID of 2 is assigned by BHI for purposes of reporting and analysis.

> To: [Contact person's email address in the ST record]
> From: "Bureau of Health Information" <povdata@dhfs.state.wi.us>
> Subject: (2) POV Data Submission Processed
> Date/Time: [Date and time sending the email]
>
> BHI received your file transmission for Physician Office Visit data collection.
> The file "POV_20020301170842.txt" was processed Fri March 01 05:16:12 CDT 2002.
> Reports and analyses referring to this file have been assigned the File ID 2

Data Submitter ID:
   500

Data Submitter Name:
   Bureau of Health Information, Testing Clinic

File Name:
   POV_20020301170842.txt

Reporting Year:
   2002

Reporting Period:
   1

File Creation Date:
   20020118

Processing Summary:
   File Processed. Unprocessed records were placed in the Unidentified Data String File X2.txt that has been placed in your download directory.

Contact person information:
   JANE DOLE, INFORMATION TECHNOLOGIES
   Phone (608) 267-1234
   1 WEST WILSON STREET
   P.O. BOX 309
   MADISON, WI 53701-0309

Please contact BHI if you have further questions about this POV data submission:
   E-mail: povdata@dhfs.state.wi.us
   Phone: (608)267-6716
   Fax: (608)264-9881

APPENDIX I
Unidentified Data String File

The *Unidentified Data String File* consists of a copy of the raw text contents or data strings in an AFF or POV record that caused the record-level processing error in a particular record. The *Unidentified Data String File* is stored in the data submitter's download library located in BHI's secure server, which allows the data submitter to retrieve its report.

This *Unidentified Data String File* will not be generated if any file-level processing errors occur.

I.1 Objectives

POV or AFF records with record-level processing errors will not be processed or loaded into the database. Errors in the submitted record may be caused by an invalid record structure or inconsistent record specification.

An invalid record structure may be caused by invalid field delimiters, missing/extra data fields, or missing end-of-record delimiter. Inconsistent record specification can result from the use of invalid beginning-of-record indicator, nonconsecutive record sequence numbers, invalid transaction type identifier, or missing/duplicating record identification numbers.

A record consisting of an unidentified data string that does not match the required record specifications is considered ambiguous. This record will not be parsed and will be moved into *the Unidentified Data String File*.

I.2 File Naming and Retrieving Method

The file name for an *Unidentified Data String File* consists of two parts: *report type identifier* and *file/submission ID*. In addition, the file name includes an extension name "TXT," indicating that the file is stored in an ASCII text format. Below is a prototype name for this report file.

> X[File/Submission ID].TXT

The *report type identifier* for the *Unidentified Data String File* is set to 'X'. The *file/submission ID* is a unique number assigned to each file by BHI's system when a submitted file is processed. Data submitters should be able to find the *file/submission ID* for a submitted file in their *Initial Processing Notifications* (see Appendix H).

The *Unidentified Data String File* is stored in the user's download library located in BHI's server. Data submitters should login to their designated download library to retrieve this file. Once a file is downloaded, it becomes unavailable for other downloads. It is the submitter's responsibility to manage copies of this file. BHI will not be able to re-copy reports out to the user's download library. Under current regulations, this report cannot be sent to the data submitter by e-mail because of data security concerns and other factors.

I.3 Format and Content

The format and specifications of the *Unidentified Data String File* are as follows:

- The file is stored in an ASCII text format without any special characters.
- Each record/data string starts a new line.
- The record/data string in the file is an identical copy of the original record/data string submitted.
- The error information (e.g., edit number and its description) will be placed in one row above the unidentified data string.

The following example is an *Unidentified Data String File* containing four POV records that have record-level processing errors.

```
Edit 3000-031  Must have correct number of fields in a record
POV|24|A|BHI24| …. |0048791|POV|55|A|BHI55| …. ||5527600135|ABC Health Care|530774169~

Edit 3000-011  Must be 'POV'
PKB|67|A|BHI67| …. |0048791|RES00000|5317891254|ABC Health Care|530774169~

Edit 3005-041  Must be a positive integer
POV|0|A|BHI79| …. |0036154|RES00000|5212309800|ABC Health Care|530774169~

Edit 3006-011  Must be valid code
POV|92|X|BHI92| …. |0045718|RES00000|5402341574|ABC HEALTH CARE|530774169~
```

The record-level processing error in the first record is due to an additional or missing number of fields within the record. This error prevents the record from being properly parsed, resulting in an output of an unidentified data string. The second record does not have a valid beginning-of-record indicator. In the third record, the record sequence number cannot be zero. The fourth record has an invalid transaction type identifier.

APPENDIX J
Processing Summary Report

The *Processing Summary Report* is created for each submitted file. The purpose of the Processing Summary Report is to provide a brief summary of the outcome of file processing, information on the handling of data records, and statistics on the quantity of errors.

Each submitted file will have a corresponding *Processing Summary Report*, unless a fatal file-level processing error is detected in the early processing stage.

J.1 Objectives

To improve the quality of Physician Office Visit data collection, a *Processing Summary Report* will be created for each submitted file. The purpose of this report is to provide a brief summary analysis of how well records or data elements in the file are constructed and presented in response to the written specifications.

J.2 File Naming and Retrieving Method

The file name for a *Processing Summary Report* consists of two parts: *report type identifier* and *file/submission ID*. The file name also includes an extension name "TXT," indicating that the file is stored in an ASCII text format. Or, an extension name "PDF," indicating that the file is stored in a Portable Document format (PDF). Below is a prototype name for the report file.

        S[File/Submission ID].PDF

The *report type identifier* for the *Processing Summary Report* is set to 'S', which is derived from the first letter of "Summary." The *file/submission ID* is the file ID assigned by BHI's system when a submitted file is first processed. Data submitters should be able to find the *file/submission ID* of a submitted file in the *Initial Processing Notification* (see Appendix H).

The *Processing Summary Report* is stored in the user's download library located in BHI's server. Data submitters should login to their designated download library to retrieve this report. Once a file is downloaded, it becomes unavailable for other downloads. It is the submitter's responsibility to manage copies of this file. BHI will not be able to place additional copies of the reports into the user's download library. Under current statute, this report may not be sent to the data submitters by e-mail because of data security concerns and other factors.

J.3 Format and Content

The *Processing Summary Report* is formatted as an ASCII text or a PDF document without any special characters. The report is organized into three main sections. The first section lists identifying information about the file this report references. The second section includes

descriptive statistics about the data and the errors relating to this file. The third section displays a frequency tabulation of field-level edits.

Readers of this report should recognize the significance of the summary information for overall data submission quality. In the interests of clarity and succinctness, this report excludes detailed information regarding the individual records affected by field-level processing errors. Comprehensive and detailed processing information is addressed in the *Detailed Processing Report* (see Appendix K).

In essence, the contents of the *Processing Summary Report* include:

- The date and time when a file was analyzed.
- Descriptive statistics of the number of records processed and the number of records containing errors as well as the percent of records in error.
- Frequency analysis of the number of field-level processing errors per record by the number of records with errors.
- Review of field-level processing errors in terms of edit number and associated description by error type.

An example of a *Processing Summary Report* from a file containing AFF records is given on the next page. The example file was submitted by a pseudo data submitter with a submitter ID of 500. It was assigned a *File/Submission ID*, 11, for identification purposes. This ID can also be found in the *Initial Processing Notification* (see Appendix H).

There were a total of 50 Affiliation (AFF) records in the submitted file. The Error Frequency Table lists the number of records by the number of field-level processing errors. The table indicates that two records had field-level processing errors. One error record had three field-level processing errors; the other had one error.

A summary of the error descriptions as well as the frequency of occurrence is presented by edit in the Field Edits Frequency Table. The table indicates that one record had a field processing error due to an invalid National Provider Identifier (NPI) number. Two records had an invalid ZIP code. One record had an incorrect data delegation date.

General POV contact information is included at the end of the report.

PROCESSING SUMMARY REPORT

Data submitter: 500 (Bureau of Health Information)
Reporting year (period):   2002 (1)
File creation date: March 15, 2002
Contact person: John Dole (phone: 6082670585)

File processed date: March 16, 2002
File/Submission ID: 11
Record type: AFF

The report was generated based on the statistics of records received and edits flagged.
==
Total Number of Affiliation Records Received: 50
Total Number of Records with Field Edits: 2
Percent of Affiliation Records with No Edits: 96 %
Percent of Affiliation Records with Edits: 4 %

Error Frequency Table

# of Edits | # of | % of
Per Record | Records | Records
----
    0   48   96
    1   1   2
    2   0   0
    3   1   2
    4   0   0
    5   0   0

Field Edits Frequency Table

Edit | # of Records |
Number | Per Edit | Edit Description

2052-011   1   Must be a valid NPI.
2066-011   2   Must be a valid ZIP code.
2081-031   1   Must not be before October 1, 2001 or after the current date.

****
The Processing Summary Report is completed.
All of the records with field edits have been stored in the Loadable Problematic Record File.

If you have any questions, please contact the Wisconsin Bureau of Health Information:
Phone: (608) 267-6716
E-mail: povdata@dhfs.state.wi.us
Http: dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

APPENDIX K
Detailed Processing Report

The *Detailed Processing Report* is a report detailing the processing results of a submitted file, including the individually identifiable records and the edits that appear on those records.

Each submitted file will have a corresponding *Detailed Processing Report*, unless a fatal file-level processing error is detected in the early processing stage.

K.1 Objectives

The *Detailed Processing Report* provides comprehensive information about edits/caveats as well as detailed analysis of any field-level processing errors detected in a submitted file. Specifically, this report is designed to inform data submitters about any existing inconsistency between submitted data and their default specifications. Data submitters should review the *Detailed Processing Report*, and use the information in the report to correct errors for file re-submission purposes.

K.2 File Naming and Retrieving Method

The file name for a *Detailed Processing Report* consists of two parts: *report type identifier* and *file/submission ID*. The *report type identifier* is placed before the *file/submission ID*. The file name also includes an extension name "TXT," indicating that the file is stored in an ASCII text format. Or, an extension name "PDF," indicating that the file is stored in a Portable Document format (PDF). Below is a prototype name for the report file.

D[File/Submission ID].PDF

The *report type identifier* for the *Detailed Processing Report* is set to 'D', which is derived from the first letter of "Detailed." The *file/submission ID* is the file ID assigned by BHI's system when a submitted file is first processed. Data submitters can find the *file/submission ID* of a submitted file in their *Initial Processing Notification* (see Appendix H).

The *Detailed Processing Report* is stored in the user's download library located in BHI's server. Data submitters should login to their designated download library to retrieve this report. Once a file is downloaded, it becomes unavailable for other downloads. It is the submitter's responsibility to manage copies of this file. BHI will not be able to place additional copies of the reports into the user's download library. Under current statute, this report may not be sent to the data submitter by e-mail because of data security concerns and other factors.

K.3 Format and Content

The *Detailed Processing Report* is formatted as an ASCII text or a PDF document without any special characters. Unlike the *Processing Summary Report*, the *Detailed Processing Report* gives data submitters comprehensive details of field-level processing errors by record.

The first part of the report includes essential data submission information, such as submission ID used to identify the submitted file, submitter identification, file creation date, reporting period, and record type.

The second part of the report consists of detailed field processing information. Records and their field-level processing errors are identified and described. Each printed record is listed with two sections of information: record identification and error message.

The record identification provides information to identify a submitted record. For Affiliation (AFF) records, the record identification includes:
- Record sequence number
- Transaction type identifier
- Wisconsin physician license number
- Physician employer's EIN

For Service (POV) records, the record identification consists of:
- Record identification number
- Transaction type identifier
- Patient account/control number
- Encrypted case identifier
- Date of service
- Procedure code
- Charge amount

The error message includes a list of all field-level processing errors associated with a record. The list is composed of the edit numbers and their descriptions.

An example of a *Detailed Processing Report* from a file containing AFF records is given on the next page. The example file was submitted by a pseudo data submitter with a submitter/vendor ID of 500. It was assigned a *File/Submission ID*, 11, for identification purposes. This ID can also be found in the *Initial Processing Notification* (see Appendix H).

In total, three records were detected with field-level processing errors. Each record with field errors (including the ST record) is printed in the second part of the report.

General POV contact information is included at the end of the report.

K.4 Report Length Limits

Due to storage limits, the process of generating a *Detailed Processing Report* will be terminated after reaching a set of maximum capacity for this report.   The determination of the cut-off point is based on the amount of field-level errors.   A statement, " Report processing has been terminated due to the large error quantity," will appear at the end of the report if a *Detailed Processing Report* is not printed in full.

```
                    Wisconsin Department of Health and Family Services
                                Bureau of Health Information
                            Physician Office Visit Data Collection

                            ------------------------------------------------
                                 DETAILED PROCESSING REPORT
                            ------------------------------------------------


     Data submitter:            500 (Bureau of Health Information)
     Reporting year (period):   2002 (1)
     File creation date:        March 15, 2002
     Contact person:            John Dole (phone: 608 267 0585)

     File processed date:       March 16, 2002
     File/Submission ID:        11
     Record type:               AFF

     Field errors were detected in the following records.
     ======================================================================
     Record Sequence Number: 0
     Submitter Transaction Record

     Must be a valid ZIP code.


     ----------------------------------------------------------------------------------------------------------------
     Record Sequence Number: 1                          Transaction Type Identifier: A
     Wisconsin Physician License Number: 0093194        Physician Employer's EIN: 539087624

     2066-011  Must be a valid ZIP code.
     2081-031  Must not be before October 1, 2001 or after the current date.


     ----------------------------------------------------------------------------------------------------------------
     Record Sequence Number: 3                          Transaction Type Identifier: A
     Wisconsin Physician License Number: 0097940        Physician Employer's EIN: 539087624

     2052-011  Must be a valid NPI.
     2066-011  Must be a valid ZIP code.


     ************************
     The Detailed Processing Report is completed.
     All of the records with field edits have been stored in the Loadable Problematic Record File.

     If you have any questions, please contact the Wisconsin Bureau of Health Information:
     Phone:      (608) 267-6716
     E-mail:     povdata@dhfs.state.wi.us
     Http:       dhfs.wisconsin.gov/healthcareinfo/pov/index.htm
```

APPENDIX L
Loadable Problematic Record File

Loadable problematic records are POV or AFF records that can be loaded and processed by BHI's system into the POV database, but contain field-level processing errors. More specifically, loadable problematic records do not contain record-level processing errors that prevent them from being processed. In contrast, unloadable records are ones with record-level processing errors, and can be found in an *Unidentified Data String File* (see Appendix I).

L.1 Objectives

The *Loadable Problematic Record File* is a file containing records with field-level processing errors. Each submitted file containing field-level processing errors will have a corresponding *Loadable Problematic Record File*. The *Loadable Problematic Record File* is formatted as an ASCII text file, storing all of the loadable problematic records from a particular file. Data submitters can retrieve this file and examine the problematic records.

In essence, a *Loadable Problematic Record File* improves the searchability and accessibility of the *Detailed Processing Report*. By using this file, the data submitter can easily identify and locate any edit, with its corresponding record, and use the information presented in both the *Loadable Problematic Record File* and the *Detailed Processing Report* (see Appendix J).

L.2 File Naming and Retrieving Method

The *Loadable Problematic Record File* is stored in the user's download library located in BHI's server. Data submitters can login to their designated download library to retrieve this report. Once a file is downloaded, it becomes unavailable for other downloads. It is the submitter's responsibility to manage copies of this file. BHI will not be able to place additional copies of the reports into the user's download library. Under current statute, this report may not be sent to the data submitters by e-mail because of data security concerns and other factors.

The file name for the *Loadable Problematic Record File* consists of two parts: *report type identifier* and *file/submission ID*. The *report type identifier* will always be placed before the *file/submission ID*. In addition, the file name also includes an extension name, "TXT," indicating that the file is stored in an ASCII text format. Below is a prototype name for this report file.

        L[File/Submission ID].TXT

The *report type identifier* for any *Loadable Problematic Record File* is 'L', which is derived from the first letter of "Loadable." The *file/submission ID* is the file ID assigned by BHI's system when a submitted file is first processed. Data submitters should be able to find the *file/submission ID* of a submitted file in their *Initial Processing Notification* (see Appendix H).

L.3 Format and Content

The specifications of the *Loadable Problematic Record File* include:

The file is stored in an ASCII text format.
Each record is identical to the original record submitted.
There is one record per row.
A carriage return is placed at the end of each line.

The following example is a *Loadable Problematic Record File* containing five POV loadable problematic records

```
POV|24|A|BHI24| …. |0048791|RES00000|5317891254|ABC Health Care|530774169~
POV|55|A|BHI55| …. |0037580|RES00000|5527600135|ABC Health Care|530774169~
POV|67|A|BHI67| …. |0048791|RES00000|5317891254|ABC Health Care|530774169~
POV|79|A|BHI79| …. |0036154|RES00000|5212309800|ABC Health Care|530774169~
POV|92|A|BHI92| …. |0045718|RES00000|5402341574|ABC Health Care|530774169~
```

APPENDIX M
Unloadable Problematic Record File

Unloadable problematic records are POV records that cannot be loaded and processed by BHI's system into the POV database, due to administrative problems or concerns. The nature of the *Unloadable Problematic Record File* is different from that of the *Unidentified Data String File* (see Appendix I) and the *Loadable Problematic Record File* (see Appendix L). In essence, unloadable problematic records are associated with administrative record-level processing errors, primarily related to data delegation status.

M.1 Objectives

The *Unloadable Problematic Record File* is one of the standard processing reports. It is used to hold POV service records with administrative processing errors, which are caused by invalid or incorrect data delegation status in their corresponding Affiliation data. HFS 120.14 requires physicians or their delegates to submit POV records to the Department of Health and Family Services. When physicians decide to delegate their data submission tasks to qualified data submitters/vendors, a Trading Partner Agreement must be entered into by the physicians and their delegates.

Furthermore, physicians or their delegates must report their current data delegation status to BHI via *Physician Affiliation Records*. BHI will not be able to process any POV records sent by submitters/vendors without this evidence that physicians have delegated their submission tasks to the submitters/vendors. If the data delegation status is found to be invalid on submitted POV records, those records will be rejected by the submission system and placed in an *Unloadable Problematic Record File* for investigation.

The purpose of creating this file is to help data submitters and physicians to identify and resolve invalid delegation status so that patient and physician confidentiality and privacy are protected. Although submitters are not required to send actual copies of Trading Partner Agreements to the Bureau, BHI nevertheless may audit these documents when out-of-compliance records are detected.

M.2 File Naming and Retrieving Method

The *Unloadable Problematic Record File* is stored in the user's download library located in BHI's server. Data submitters can login to their designated download library to retrieve this file. Once a file is downloaded, it becomes unavailable for other downloads. It is the submitter's responsibility to manage copies of this file. BHI will not be able to place additional copies of the reports into the user's download library. Under current statute, this file may not be sent to data submitters by e-mail because of data security concerns and other factors.

The file name for the *Unloadable Problematic Record File* consists of two parts: *report type identifier* and *file/submission ID*. The *report type identifier* will always be placed before the

file/submission ID. In addition, the file name also includes an extension name, "TXT," indicating that the file is stored in an ASCII text format. Below is a prototype name for this report file.

U[File/Submission ID].TXT

The *report type identifier* for any *Unloadable Problematic Record File* is 'U', which is derived from the first letter of "Unloadable." The *file/submission ID* is the file ID assigned by BHI's system when a submitted file is first processed. Data submitters should be able to find the *file/submission ID* of a submitted file in their *Initial Processing Notification* (see Appendix H).

M.3 Format and Content

The *Unloadable Problematic Record File* is formatted as an ASCII text file, storing all of the unloadable problematic records from a particular file. Data submitters can retrieve this file and examine the problematic records.

The specifications of the *Unloadable Problematic Record File* include:

- The file is stored in an ASCII text format.
- Each record is identical to the original record submitted.
- There is one record per row.
- A carriage return is placed at the end of each line.

The following example is a *Unloadable Problematic Record File* containing five POV unloadable problematic records.

```
POV|24|A|BHI24| …. |0048791|RES00000|5317891254|ABC Health Care|530774169~
POV|55|A|BHI55| …. |0037580|RES00000|5527600135|ABC Health Care|530774169~
POV|67|A|BHI67| …. |0048791|RES00000|5317891254|ABC Health Care|530774169~
POV|79|A|BHI79| …. |0036154|RES00000|5212309800|ABC Health Care|530774169~
POV|92|A|BHI92| …. |0045718|RES00000|5402341574|ABC Health Care|530774169~
```

APPENDIX N
Submission Summary Report

The *Submission Summary Report* is created by BHI at the end of each reporting period. Only one report will be provided per reporting period. The *Submission Summary Report* provides statistical information about the contents of essential data elements that were submitted in a submission period. Submitters can use the output of this report to examine their data validity, or to perform additional content analyses.

N.1 Objectives

To provide general statistics for office service data and records sent by a data submitter during a reporting period, a *Submission Summary Report* will be created for each submitter at the end of a reporting period. Data submitters may combine results of this report with other processing reports to examine validity of physician office visit data in relation to service types, quantity, consistency, and so on.

The purpose of this report is to summarize data and record contents in the submissions and to provide an opportunity for submitters to see that data have been recognized. This report also demonstrates how BHI has categorized the POV data so that they can be examined in a nationwide context.

N.2 File Naming and Retrieving Method

The file name for a *Submission Summary Report* consists of two parts: *report type identifier* and *file/submission ID*. The file name also includes an extension name "TXT," indicating that the file is stored in an ASCII text format. Or, an extension name "PDF," indicating that the file is stored in a Portable Document format (PDF). Below is a prototype name for the report file.

M[File/Submission ID].PDF

The *report type identifier* for the *Submission Summary Report* is set to "M." The *file/submission ID* is the file ID assigned by BHI's system when a report is first processed. In general, a valid *file/submission ID* consists of four alphanumeric positions. The first two positions are the reporting year in a two-digit year format. The third position is always the character "q," followed by a one-digit number indicating the reporting quarter.

The *Submission Summary Report* is stored in the submitter's download library located on BHI's server. Data submitters should login to their designated download library to retrieve this report. Once a file is downloaded, it becomes unavailable for other downloads. It is the submitter's responsibility to manage copies of this file. BHI will not be able to place additional copies of the reports into the user's download library. Under current statute, this report may not be sent to the data submitters by e-mail because of data security concerns and other factors.

N.3 Format and Content

The *Submission Summary Report* is formatted as ASCII text or PDF document without any special characters. The report is organized into two major sections. The first section is the header area which lists identifying information about the submitter, reporting year, reporting period, and so on. The second section includes statistics about the data and the records submitted in a reporting period.

More specifically, this report provides summary information which allows submitters to examine the data pattern and content validity through an aggregated analysis. It is critical for readers to be aware that the *Submission Summary Report* is not designed for public use or data releasing purposes, though no patient identifiable information is included in the report. Details of processing error information on the record or field levels can be found in the *Detailed Processing Report* (see Appendix K).

In essence, the contents of the *Submission Summary Report* include:

- Category analysis of the number of patients by age and gender.
- Frequency counts on average number of submitted POV service records by patient age and gender.
- Summary statistics for the number of service records submitted by each physician during a reporting period.
- Frequency analysis of counts and average charges of reported service records by each Primary Payer Category type.
- Frequency analysis of counts and average charges of reported service records by each Secondary Payer Category type.
- Summary statistics for number and average charges of reported service records by type of primary diagnosis code.
- Summary statistics for number and average charges of reported service records by type of service procedure code.

An example of the *Submission Summary Report* is included next.

Wisconsin Department of Health and Family Services
Bureau of Health Information
Physician Office Visit Data Summary

SUBMISSION SUMMARY REPORT

Submitter Information

Submitter ID (Name):	500 (Bureau of Health Information)
Reporting year (period):	2003 (1)
File request date:	May 01, 2003
File/Submission ID:	03q1

Number of Patients by Gender and Age Groups

	Gender		
Age	Male	Female	Unknown
Below 5	514	1240	
5-17	1280	2486	2
18-34	2680	1596	4
35-54	6791	4088	1
55-74	4523	3297	2
75 and above	3267	1768	

Average Number of Services Rendered by Patient's Gender and Age Groups

	Gender		
Age	Male	Female	Unknown
Below 5	3.92	4.01	
5-17	2.81	3.69	2.54
18-34	3.76	2.91	2.01
35-54	4.12	4.37	1.31
55-74	5.29	5.77	1.10
75 and above	5.87	4.20	

Number of Services Rendered by Physician

License Number	Physician Name	Number of Services
0012345	Wayne, Bruce	4413
0023456	Parker, Peter	3485
0034567	Simpson, Lisa	3291
:	:	:
:	:	:
0056789	Kent, Clark	524

Primary Payer Category Analysis

Code	Description	Reported # of Services	Average Charge $
CI	Commercial Insurance Company	95871	81.27

MB	Medical Part B	45382	74.25
BL	Blue Cross/Blue Shield	15714	79.02
⋮	⋮	⋮	⋮
CH	CHAMPUS/Tricare	160	78.30

Secondary Payer Category Analysis

Code	Description	Reported # of Services	Average Charge $
CI	Commercial Insurance Company	18792	110.25
BL	Blue Cross/Blue Shield	8765	86.17
MC	Medicaid	1997	71.89
⋮	⋮	⋮	⋮
09	Self-pay	214	135.28

Primary Diagnosis Code Analysis

Code	Description	Reported # of Services	Average Charge $
V04.8	Need for prophylactic vaccination and inoculatio	8760	14.00
250.00	Type II (non-insulin dependent type)	7411	59.72
V20.2	Routine infant or child health check	4687	135.25
⋮	⋮	⋮	⋮
843.0	Iliofemoral (ligament) sprain and strain	1	92.25

Service Procedure Code Analysis

Code	Description	Reported # of Services	Average Charge $
99213	OFC/OUTPT E&M ESTAB LOW-MOD 15 MIN	18750	92.50
36415	ROUTINE VENIPUNCT/ FINGER/HEEL STICK	18129	26.12
99214	OFC/OUTPT E&M ESTAB MOD-HI 25 MIN	11256	150.67
⋮	⋮	⋮	⋮
56400	MARSUP BARTHOLINS GLAND CYST	1	1250.00

****

The Submission Summary Report is completed.

If you have any questions, please contact the Wisconsin Bureau of Health Information:
Phone: (608) 267-6716
E-mail: povdata@dhfs.state.wi.us
Http: dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

APPENDIX O
Physician Status Report

The *Physician Status Report* consists of a list of physicians submitting service data (POV records) in a submission period. Only one report will be provided per reporting period. Submitters can review this list to examine and verify the submission status of their physicians in terms of practice group affiliation, data delegation, and affirmation delegation.

O.1 Objectives

To provide information for submitters to review a list of physicians who submitted office service data and records sent during a reporting period, a *Physician Status Report* is created as a part of data summary reports for each submitter at the end of a reporting period. Data submitters may combine results of this report with other processing reports to verify physician affiliation and delegation status.

The purpose of this report is to assist data submitters in identifying invalid or irregular physician credentials before final profiling and affirmation processes start. The list provides useful information only for POV data collection. It does not contain a physician's area of specialty, phone number and address, or insurance/payment information.

O.2 File Naming and Retrieving Method

The file name for a *Physician Status Report* consists of two parts: *report type identifier* and *file/submission ID*. The file name also includes an extension name "TXT," indicating that the file is stored in an ASCII text format. Below is a prototype name for the report file.

T[File/Submission ID].TXT

The *report type identifier* for the *Physician Status Report* is set to "T." The *file/submission ID* is the file ID assigned by BHI's system when a report is first processed. In general, a valid *file/submission ID* consists of four alphanumeric positions. The first two positions are the reporting year in a two-digit year format. The third position is always the character "q," followed by a one-digit number indicating the reporting quarter.

The *Physician Status Report* is stored in the user's download library located in BHI's server. Data submitters should login to their designated download library to retrieve this report. Once a file is downloaded, it becomes unavailable for other downloads. It is the submitter's responsibility to manage copies of this file. BHI will not be able to place additional copies of the reports into the user's download library. Under current statute, this report may not be sent to the data submitters by e-mail because of data security concerns and other factors.

O.3 Format and Content

The *Physician Status Report* is formatted as ASCII text without any special characters. The list is divided into three sections: submitter information, basic information, submitted physician list. The first section is the header area which lists identifying information about the submitter, reporting year, reporting period, and so on.

The second section contains summary statistics about submitted physician status in a reporting period as well as aggregated information in the POV database. This information can be used to screen for possible data irregularity or inconsistency between a general physician population in the existing Affiliation database and a period-specific physician population. Analyses of the physician information include:

- Comparison of the total number of physicians in the Affiliation database to the number of physicians who submitted POV service data in a reporting period.
- Physicians' affiliation status with their practice group.
- Physicians' data delegation status.
- Physicians' affirmation delegation status.
- Counts of physicians with an invalid Wisconsin license number.

The third section includes a list of physicians who submitted data during a reporting period. The contents of the list consist of:

- Wisconsin physician license number
- Physician name
- Employer Identification Number (EIN)
- Validation status of a license number
- Start and end dates of physician's affiliation with his/her practice group
- Start and end dates of data delegation
- Start and end dates of affirmation delegation
- Number of POV records submitted in a reporting period

The submitted physician list is sorted in alphabetical order by physician's last name. Several additional notes are placed in the end of the list to indicate the possibility of misinformation, invalid delegation status, non-representative submission condition, and so on.

An example of the *Physician Status Report* is included next. The submitter (whose ID is 500) has 475 physicians submitted POV records in the first quarter of 2003, though there are 550 physician records in the Affiliation database. In other words, 75 physicians do not have any outpatient service records in this reporting year. All of the submitted physicians have delegated submission and affirmation rights to their submitter for editing and affirming purposes.

Wisconsin Department of Health and Family Services
Bureau of Health Information
Physician Office Visit Data Summary

PHYSICIAN STATUS REPORT

Submitter Information

Submitter ID (Name):   500 (Bureau of Health Information)
Reporting year (period):   2003 (1)
File request date: May 01, 2003
File/Submission ID: 03q1

Basic Information

	All AFF Records	Data This Period
	-------	---------
Total # of Physicians	550	475
Practice Affiliation		
Effective	550	475
End	0	0
Data Delegation		
Effective	550	475
End	0	0
Affirmation Delegation		
Effective	541	475
End	0	0
Invalid License Number	2	0

Submitted Physician List - Data This Period

License	Name	Practice EIN	Status	Affiliation Start	End	Data Delegation Start	End	Affirmation Start	Delgation End	Number of Service Records
0070810	Doolittle, John	591234567		07/11/00		01/01/02		01/01/02		1596
0070856	Jetson, Jane	574789540		05/29/01		01/01/02		01/01/02		1035
0080452	Parker, Pete	574789549		03/01/95		06/18/01		03/15/02		972
…										
…										
0091253	Simpson, Lisa	591234567		10/14/02		01/23/02		01/23/00		1381

****

If you have any questions, please contact the Wisconsin Bureau of Health Information:
Phone: (608) 267-6716
E-mail: povdata@dhfs.state.wi.us
Http: dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

APPENDIX P
Physician Data Profile

The *Physician Data Profile* is a summary report containing basic information about the contents of essential data elements that were submitted in a submission period by a physician. It is created by BHI at the end of each reporting period, and only one profile report will be provided per reporting period. Both physicians and their data submitters can use the output of this report to examine data validity in terms of trends in practice setting, physician organization, managed care involvement, types of service rendered, charges, and physicians' overall experience of the practice climate.

P.1 Objectives

The *Physician Data Profile* report provides an overall summary of physician outpatient service activities based on data submitted during a reporting period. The main purpose of this report is to give physicians and data submitters opportunities to review their data contents, and to validate the submitted data before the final data affirmation process. Furthermore, physicians may submit additional corrections or additions to the data before data are released in the future.

Each physician for whom data was submitted for a reporting period should have one *Physician Data Profile* report per submitting organization. If a physician has more than one submitter sending POV records to BHI, the physician should have a *Physician Data Profile* report for each submitting organization.

The *Physician Data Profile* report does NOT contain any medical malpractice and hospital disciplinary action information under so-called "Profiling" laws. Some states which have passed profile laws are publishing information about physicians and other practitioners, such as education and training, specialty, hospital affiliations, disciplinary actions, closed malpractice cases and hospital disciplinary proceedings. The *Physician Data Profile* report is not designed or used for this purpose.

P.2 File Naming and Retrieving Method

The file name for a *Physician Data Profile* consists of two parts: *report type identifier* and *file/submission ID*. The file name also includes an extension name "TXT," indicating that the file is stored in an ASCII text format. Or, an extension name "PDF," indicating that the file is stored in a Portable Document format (PDF). Below is a prototype name for the report file.

> PD[File/Submission ID].PDF   (for Delegated Physicians)
>
> PN[File/Submission ID].PDF   (for Non-Delegated Physicians)

The *report type identifier* for the *Submission Summary Report* is set to "PD" for physicians who have delegated their affirmation responsibilities. The *report type identifier* for the *Physician*

Data Profile is set to "PN" for physicians who have NOT delegated their affirmation responsibilities. The *file/submission ID* is the file ID assigned by BHI's system when a report is first processed. In general, a valid *file/submission ID* consists of four alphanumeric positions. The first two positions are the reporting year in a two-digit year format. The third position is always the character "q," followed by a one-digit number indicating the reporting quarter.

The *Physician Data Profile* is stored in the user's download library located in BHI's server. Data submitters should login to their designated download library to retrieve this report. A file can only be downloaded once. It is the submitter's responsibility to manage copies of this file. BHI will not be able to place additional copies of the reports into the user's download library. Under current statute, this report may not be sent to data submitters by e-mail because of data security concerns and other factors.

P.3 Format and Content

The *Physician Data Profile* is formatted as ASCII text or PDF document without any special characters. The report is organized into two major sections. The first section is the header area consisting of basic information about a submitted physician, such as physician's name and license number, submitter name and ID, reporting year, reporting period, and delegation status. More importantly, an *affirmation number* is given to each report. The *affirmation number* is a unique series number, serving as an identifier in the physician's data affirmation process. The same number is also presented on the physician's *Affirmation Form* (see Appendices Q-R).

The second section consists of statistics on physician service data and records submitted for the reporting period. More specifically, this report provides summary information allowing each physician to examine data patterns and content validity through an aggregated analysis. It is critical for readers to be aware that the *Physician Data Profile* is not designed for public use or data releasing purposes, though no patient identifiable information is included in the report.

In essence, the contents of the *Physician Data Profile* report include:

- Service count by facility where services were rendered.
- Service count by place type where services were rendered.
- Service count by patient's age and gender.
- Ten most frequently reported primary diagnosis codes.
- Ten most frequently reported procedure codes.

An example of the *Physician Data Profile* report is included next.

Wisconsin Bureau of Health Information
Physician Office Visit Data Profile

This is a summary of the physician office visit service records submitted during the latest reporting period in which you were identified as the performing physician. The Bureau of Health Information is required to supply this data profile to help you verify the accuracy and completeness of the data reported. The records used in this profile have passed extensive editing and correction procedures. Please review this information and discuss any questions or concerns with your data submitter.

Physician Name:	Doe, John	Reporting Year	2002
License Number:	0098765	Reporting Period:	2
Submitter Name:	POV Test	Submitter ID:	741
Date Issued:	December 15, 2002	Data Delegation:	Yes
Tracking ID:	0227410098765	Affirmation Delegation	No

You are required to sign and return the enclosed affirmation statement. Please return this statement to BHI, along with any corrections or additions to the submitted records. If you have not already done so, you may delegate this review and affirmation responsibility to your data submitter.

NOTE: All counts are based on number of services and not on individual visits or patients. A visit may have more than one service.

Service count by facility where services were rendered

Facility Name	Reported # of Services
ABC Clinic Fp	334
DEF Madison	878
XYZ Clinic Im	910
	2122

Service count by place type where services were rendered

Code	Place of Service	Reported # of Services
11	Office	2122
		2122

Service count by patient's age and gender

	Patient Gender	
Age of Patient	Male	Female
Under 5	0	0
5 – 17	0	0
18 – 34	43	43
35 – 54	242	174
55 – 74	365	434
75 and Over	377	444
	1027	1095

Ten most frequently reported primary diagnosis codes

Code	Description	Reported # of Services
401.1	Essential hypertension, benign	818
272.4	Other and unspecified hyperlipidemia	151
250.00	Type II (non-insulin dependent type) or unspecified type diabetes mellitus without mention of complication	136
780.79	Other malaise and fatigue	74
V58.69	Encounter for long-term (current) use of other medications	50
V70.0	Routine general medical examination at health care facility	42
473.9	Unspecified sinusitis (chronic)	35
414.00	Coronary atherosclerosis of unspecified type of vessel, native or graft	34
V76.49	Special screening for malignant neoplasms, other sites	34
V81.5	Screening for nephropathy	34
		1402

Ten most frequently reported procedure codes

Code	Description	Reported # of Services	Charge ($)
99213	ofc/outpt e&m estab low-mod 15 min	426	81.00
36415	routine venipunct/finger/heel stickroutine	286	27.60
80061	lipid panel	201	56.00
80053	comprehensive metabolic panel	167	56.00
83036	hemoglobin; glycated	87	28.00
81002	ua dip stik/tablt;wo micro non-autoua dip stick/tablet	85	8.00
85027	bld count; hemogm&platelet cnt autoblood count	79	36.00
99212	ofc/outpt e&m estab minor 10 min	72	54.94
81015	urinalysis; microscopic only	62	10.00
80048	basic metabolic panel	61	44.00
		1526	40.20

Note:
1. All counts are based on number of services and not on individual visits or patients.
2. Each record submitted is extracted from the claims record for a service provided in an office or outpatient setting. A patient visit will generate one or more service records.
3. If service records were also submitted on your behalf by another organization, then a separate Data Profile and Affirmation Statement have been generated for those records.

APPENDIX Q
Affirmation Form and Instructions
For POV Data Submitters

The *Affirmation Form, Affirmation Form Instructions,* and *Affirmation Delegated List* are created by BHI at the end of each reporting period. The *Affirmation Form* provides physicians or their delegated designees with a standard document, required by Wisconsin Statute and administrative code, to affirm the accuracy and completeness of the data submitted for a reporting period.

The *Affirmation Form Instructions* provide details on the requirements for completing and returning the *Affirmation Form*.

The *Affirmation Delegated List* is included to allow data submitters to indicate which physicians, if any, choose to not affirm with the corresponding *Affirmation Form*.

These reports will be provided in two downloadable files per reporting period for all physicians that delegated affirmation in that submitting organization. The *Affirmation Form* and *Affirmation Form Instructions* are in one file and the *Affirmation Delegated List* in the second file.

Q.1 Objectives

The *Affirmation Form* allows data submitters to affirm the accuracy and completeness of the data submitted for a reporting period. An *Affirmation Form* and *Affirmation Form Instructions* will be created for each submitter at the end of a reporting period. Data submitters may use the *Affirmation Form* in combination with the *Affirmation Delegated List* to determine which physicians they are affirming for and which they are not. The instructions also provide details about how a physician can send comments regarding the data quality and/or completeness.

Q.2 File Naming and Retrieving Method

The affirmation process is combined into two downloadable files. The *Affirmation Form and Affirmation Form Instructions* will be combined into one downloadable file. The other downloadable file contains the *Affirmation Delegated List*. These files can be retrieved from the submitter's download library.

The file names for these files consist of two parts: a *report type identifier* and *file/submission ID*. The file names also include an extension name "PDF." Below is a prototype name for the files.

> A[File/Submission ID].PDF   (Affirmation Form and Instructions)

> AD[File/Submission ID].PDF   (Affirmation Delegated List)

The *report type identifier* for the *Affirmation Form* and *Affirmation Form Instructions* file is set to "A". The *report type identifier* for the *Affirmation Delegated List* is set to "AD". The *file/submission ID* is the file ID assigned by BHI's system when a report is first processed. In general, a valid *file/submission ID* consists of four alphanumeric positions. The first two positions are the reporting year in a two-digit year format. The third position is always the character "q," followed by a one-digit number indicating the reporting quarter.

The *Affirmation Form, Affirmation Form Instructions,* and the *Affirmation Delegated List* are stored in the submitter's download library located on BHI's server. Data submitters should login to their designated download library to retrieve this file. Once a file is downloaded, it becomes unavailable for other downloads (can be downloaded once only). It is the submitter's responsibility to manage copies of this file. Under current statute, this report may not be sent to the data submitters by e-mail because of data security concerns and other factors.

Q.3 Format and Content

The *Affirmation Form* is one of the documents included in the file in the download library. The form is organized into three major sections. The first section is the header area, which identifies the form, gives basic instructions, and refers to Wisconsin Statute and Administrative Code (see Appendix A and Appendix B, respectively). The second section includes information about the physician and the reporting period. The third section is the signatory area requiring completion before the form is returned to BHI.

The *Affirmation Form Instructions* provide all the details needed to complete and return the *Affirmation Form.*

The *Affirmation Delegated List* is a report with two major sections. The first section is the header area, which identifies the form and gives reporting period information. The second section lists every physician that BHI has received service records for from this data submitter in this reporting period. The second section is to be used by submitters to report that an individual physician's records will not be affirmed. The *Affirmation Delegated List* is to be returned along with the *Affirmation Form* if the data for any physician is not being affirmed.

Examples of the *Affirmation Form, Affirmation Form Instructions,* and *Affirmation Delegated List* are included next.

Physician Office Visit Data Profile Affirmation

INSTRUCTIONS: This form must be signed by the physician identified below or, if a physician list is attached, by the delegated affirmation designee.

Completion of this form meets the requirements of Chapter 153, Wisconsin Statutes, and Wisconsin Administrative Code, HFS 120.14(1)(c).   Failure to sign and return this form may result in a forfeiture process, per HFS 120.10 (5).

PHYSICIAN AND/OR SUBMITTER INFORMATION

Physician Name: License Number:	See attached list
Data Submitted By: Submitter ID:	Bureau of Health Information 500
Reporting Year: Reporting Period:	2003 1

I hereby affirm that, to the best of my knowledge and belief, the Physician Office Visit data summarized in the attached profile, dated 06/15/02, are complete and accurate. These data were supplied and edited by the submitting organization shown above in accordance with HFS 120, Wisconsin Administrative Code.

_____
Print or Type Name and Title

_____
SIGNATURE - Physician or Delegated Affirmation Designee

_____
Date Signed

This signed original affirmation must be sent to the address below and postmarked by: 07/14/02

Department of Health and Family Services
Division of Health Care Financing
Bureau of Health Information - POV
PO Box 309, Room 372
Madison, WI 53701-0309

2 0 0 3 1 5 0 0 0 0 0 0 0 0 0
Affirmation Number

Wisconsin Bureau of Health Information (BHI)
Physician Office Visit Data Profile Affirmation Form
Instructions

TO: Wisconsin Physician or Delegated Affirmation Designee

RE: POV Data Profile Affirmation Form

Please give this your immediate attention. The attached form must be signed by the physician named or the physician's delegated affirmation designee. (Submitting organizations with delegated authority must designate the person responsible for signing the form.) The signature affirms that, to the best of your knowledge, the physician office visit data summarized in the attached data profile, together with any corrections, additions, or deletions that were subsequently made, are complete and correct. You may also provide comments on the data profile by following the instructions below.

Return the signed affirmation form to the Department of Health and Family Services at the address printed on the form. You may fax it to the Bureau of Health Information at 608-264-9881 to assure its timely receipt, but *faxing is not a substitute for mailing*. You must still mail the original signed affirmation form to BHI. Compliance with the statutory deadline is determined by the date of postmark or the fax date, whichever is earlier.

The attached data profile summarizes information provided by the data submitting organization. Questions regarding the completeness and accuracy of the data should be directed to the data submitting organization.

State law gives each physician the opportunity to provide comments on his or her data and requires BHI to include those comments with the data upon its release. Comments are limited to a maximum of 1,000 words. Comments must be submitted in a standard electronic word processing file format and submitted no later than the 15th calendar day following your receipt of this data profile. Include the physician name and the affirmation number printed below the barcode on the affirmation form. Do not include patient identifiable information, as these comments will be released.

Send comments on a floppy disk along with the mailed affirmation form, or as a file attached to an e-mail to: povdata@dhfs.state.wi.us.

> NOTE 1: Submitting organizations with delegated affirmation for more than one physician must send a separate file for each physician's specific comments. The affirmation number from the physician list should be used.

> NOTE 2: Failure to return a signed statement within 30 calendar days from the day the data is due may make you subject to a forfeiture process.

Thank you for your assistance.

Wisconsin Department of Health and Family Services
Bureau of Health Information
Physician Office Visit Data Profile Affirmation

AFFIRMATION DELEGATED LIST

Submitter Information

      Submitter ID (Name):   500 (Bureau of Health Information)
    Reporting year (period):   2003 (1)
      File/Submission ID: 03q1

Physician Affirmation Delegate List

Not Affirming	License #	Physician Name	Physician License ID
☐	1234560	Parker, Peter	1 2 3 4 5 6 0
☐	1234561	Kent, Clark	1 2 3 4 5 6 1
☐	1234562	Wayne, Bruce	1 2 3 4 5 6 2
☐	1234567	Stewart, John	1 2 3 4 5 6 7
☐	1234568	Rabbit, Jessica	1 2 3 4 5 6 8
☐	1234569	Rabbit, Roger	1 2 3 4 5 6 9

****

The Affirmation Delegated List is completed.

If you have any questions, please contact the Wisconsin Bureau of Health Information:
Phone: (608) 267-6716
E-mail: povdata@dhfs.state.wi.us
Http: dhfs.wisconsin.gov/healthcareinfo/pov/index.htm

APPENDIX R
Affirmation Form and Instructions
For Individual Physicians

The *Affirmation Form* and *Affirmation Form Instructions* are created at the end of each reporting period. One mailed packet will be provided per reporting period to each physician who did not delegate affirmation responsibility. The *Affirmation Form* provides physicians with a standard document, required by Wisconsin Statute and Wisconsin Administrative Code, for attesting to the accuracy and completeness of the data submitted for a reporting period.

The *Affirmation Form Instructions* provide details on the requirements for completing and returning the *Affirmation Form*.

R.1 Objectives

The *Affirmation Form* allows physicians to attest to the accuracy and completeness of the data submitted during a reporting period. An *Affirmation Form* and *Affirmation Form Instructions* will be created for each physician at the end of a reporting period. The instructions also provide details about how a physician can send comments regarding the data quality and/or completeness.

R.2 File Naming and Retrieving Method

The *Affirmation Form* and *Affirmation Form Instructions* will be mailed to the address that has been provided to BHI in the affiliation data.

R.3 Format and Content

The *Affirmation Form* is one of the documents included in the packet mailed to the physician. The form is organized into three major sections. The first section is the header area, which identifies the form, gives basic instructions, and refers to Wisconsin Statute and Administrative Code (see Appendix A and Appendix B, respectively). The second section includes information about the physician and the reporting period. The third section is the signatory area requiring completion before the form is returned to BHI.

The *Affirmation Form Instructions* provide all the details needed to complete and return the *Affirmation Form*.

Examples of the *Affirmation Form* and the *Affirmation Form Instructions* are included next.

Physician Office Visit Data Profile Affirmation

INSTRUCTIONS: This form must be signed by the physician identified below or, if a physician list is attached, by the delegated affirmation designee.

Completion of this form meets the requirements of Chapter 153, Wisconsin Statutes, and Wisconsin Administrative Code, HFS 120.14(1)(c).   Failure to sign and return this form may result in a forfeiture process, per HFS 120.10 (5).

PHYSICIAN AND/OR SUBMITTER INFORMATION

Physician Name:	Doe, John C.
License Number:	0099999
Data Submitted By:	Bureau of Health Information
Submitter ID:	500
Reporting Year:	2003
Reporting Period:	1

I hereby affirm that, to the best of my knowledge and belief, the Physician Office Visit data summarized in the attached profile, dated 06/15/02, are complete and accurate. These data were supplied and edited by the submitting organization shown above in accordance with HFS 120, Wisconsin Administrative Code.

_____
Print or Type Name and Title

_____
SIGNATURE - Physician or Delegated Affirmation Designee

_____
Date Signed

This signed original affirmation must be sent to the address below and postmarked by: 07/14/02

Department of Health and Family Services

Division of Health Care Financing
Bureau of Health Information - POV
PO Box 309, Room 372
Madison, WI 53701-0309

||||||| |||| ||||| ||||| |||||| |||||| ||||
2 0 0 3 1 5 0 0 0 0 0 9 9 9 9 9
Affirmation Number

Wisconsin Bureau of Health Information (BHI)
Physician Office Visit Data Profile Affirmation Form
Instructions

TO: Wisconsin Physician or Delegated Affirmation Designee

RE: POV Data Profile Affirmation Form

Please give this your immediate attention. The attached form must be signed by the physician named or the physician's delegated affirmation designee. (Submitting organizations with delegated authority must designate the person responsible for signing the form.) The signature affirms that, to the best of your knowledge, the physician office visit data summarized in the attached data profile, together with any corrections, additions, or deletions that were subsequently made, are complete and correct. You may also provide comments on the data profile by following the instructions below.

Return the signed affirmation form to the Department of Health and Family Services at the address printed on the form. You may fax it to the Bureau of Health Information at 608-264-9881 to assure its timely receipt, but *faxing is not a substitute for mailing*. You must still mail the original signed affirmation form to BHI. Compliance with the statutory deadline is determined by the date of postmark or the fax date, whichever is earlier.

The attached data profile summarizes information provided by the data submitting organization. Questions regarding the completeness and accuracy of the data should be directed to the data submitting organization.

State law gives each physician the opportunity to provide comments on his or her data and requires BHI to include those comments with the data upon its release. Comments are limited to a maximum of 1,000 words. Comments must be submitted in a standard electronic word processing file format and submitted no later than the 15th calendar day following your receipt of this data profile. Include the physician name and the affirmation number printed below the barcode on the affirmation form. Do not include patient identifiable information, as these comments will be released.

Send comments on a floppy disk along with the mailed affirmation form, or as a file attached to an e-mail to: povdata@dhfs.state.wi.us.

> NOTE 1: Submitting organizations with delegated affirmation for more than one physician must send a separate file for each physician's specific comments. The affirmation number from the physician list should be used.

> NOTE 2: Failure to return a signed statement within 30 calendar days from the day the data is due may make you subject to a forfeiture process.

Thank you for your assistance.